UNIVERSITY OF ALBERTA

WOMEN, EMPLOYMENT AND ELDER CARE:

THE CASE OF ALBERTA, CANADA

©

BY

ALLISON LOIS McKINNON

A thesis submitted to the Faculty of Graduate Studies and Research in partial fulfillment of the requirements for the degree of **Doctor of Philosophy**.

DEPARTMENT OF SOCIOLOGY

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Allison L. McKinnon

P. O. Box 284

Lundar, Manitoba, Canada, R0C 1Y0

Date: October 04, 1993

UNIVERSITY OF ALBERTA

FACULTY OF GRADUATE STUDIES AND RESEARCH

The undersigned certify that they have read, and recommend to the Faculty of Graduate Studies and Research for acceptance, a thesis entitled WOMEN, EMPLOYMENT AND ELDER CARE: THE CASE OF ALBERTA, CANADA submitted by ALLISON LOIS McKINNON in partial fulfillment of the requirements for the degree of DOCTOR OF PHILOSOPHY.

Graham S. Lowe, Ph. D.

Ellen M. Gee, Ph. D.

Susan Jackel, Ph. D.

Harvey J. Krahn, Ph. D.

Gordon Laxer, Ph. D.

Susan A. McDaniel, Ph. D.

Date: Sept. 30, 1993

Dedication

For my parents,

Kathleen & Malcolm H. McKinnon,

and in memory of

Alexander James MacKenzie (1906-1991),

with thanks to all of my family and friends.

Abstract

Based on a case study of Alberta, Canada, this thesis argues that current and potential problems with the social provision of elder care are largely attributable to the erosion of the welfare state, lack of workplace supports for family caregivers, and ideologies of familism, neo-conservatism, and caring which pervade contemporary political discourse.

Feminist critiques of welfare state theories, liberalism and neo-conservatism, and the concept of caring provided theoretical bases for the study. Research methods included analyses of demographic and labour force trends, survey research with representative samples of adults who participated in the 1991 (N=1345) and 1992 (N=1277) Alberta Surveys, analyses of family-related benefits in labour agreements, and critiques of Alberta Government social policy documents.

Population trends toward high labour force participation rates among women, low fertility, smaller families, dual earner couples, above average divorce rates, and geographical dispersion of family members contribute to shortages of family caregivers and run counter to attempts by the state to place greater reliance on women and familial care. Still, based on Alberta Survey results, women employed full-time were no less likely to provide elder care compared to part-time employees or those not in the labour force. Moreover, employed women were more likely than men to "add-on" caregiving to their daily activities, provide ongoing, time-intensive help, and expect to change work arrangements due to elder care responsibilities.

Evidence of problematic effects of elder caregiving in non-supportive workplaces included increased absenteeism among full-time employees, diminished job performance, and quitting paid jobs. Unfortunately, employers and unions have generally failed to recognize these effects. A detailed analysis of collective agreements showed that elder care issues have received little attention by organized labour. Furthermore, dominating concerns about deficit reduction and cutting social program expenditures means that the state is limiting its role as a provider of care for frail older people.

It was concluded that the welfare state must be strengthened, not eroded, and supports for employed caregivers enhanced so that older people receive the care they need, and women who provide most elder care are not prevented from full participation in social, economic and civic life.

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Chapter 1. Elder Care: A Personal Trouble & Public Issue

> Perhaps the most fruitful distinctions with which the sociological imagination works is between the 'personal troubles of the milieu' and the 'public issues of the social structure'. This distinction is an essential tool of the sociological imagination and a feature of all classic work in social science.
>
> (C. Wright Mills, *The Sociological Imagination*, 1959: 8)

Introduction

The social provision of care for growing numbers of frail older people is one of the most important personal troubles and public issues of social structure now facing Canadian society. Indeed, the "next crisis of the welfare state" has been attributed to the "care-giving crunch", a crisis that Myles links to a "dramatic decline in the amount of unpaid working time available to the women who have traditionally performed these tasks" (1991: 82). Increased labour force participation rates among married women have raised private and public anxieties about the current and future supplies of family caregivers, especially in view of projected increases in the numbers of very old people needing care, and changes in the size, composition, and living arrangements of Canadian families (Alberta Government, 1991a; Connidis, 1989; Dowler, Jordan-Simpson, & Adams, 1992; National Advisory Council on Aging, 1990).[1,2]

Recent changes in the life courses of women, as evidenced by their labour force activities, are highly problematic for welfare states dependent on the unpaid social reproductive labour of women (Gee, 1990; Hernes, 1987; Waerness, 1987; Myles, 1991). Indeed, Waerness and Ringen (1987: 162) suggest that, "If it were not for the care provided within the family, mainly by women, there is reason

---

[1]Reflective of current anxieties are questions posed by Brody (1981: 471) over a decade ago:

> If middle-aged working women are less available to provide care for elderly relatives, will the old receive less than they need? Will some women stay at home to care for their elderly even though they need and wish to work? Will tradition, love, and their demonstrated commitment operate so that "women in the middle" attempt to take on their work role without reducing their parent care activities? If that happens, what will be the social and economic costs to society?

[2]The labour force participation rate represents the labour force expressed as a percentage of the population 15 years of age and over. The participation rate for a particular group is the labour force in that group expressed as a percentage of the population for that group.

to fear that the welfare state would come under such pressure that it could not function". The countervailing social and political pressures evident today -- the demand for women in the paid labour force and the shift by the state toward greater reliance on community and familial care of the old and frail -- are bringing contradictions between women's paid and unpaid labour to the forefront of contemporary political and social debates.[3]

This thesis engages in these debates, and begins with the assumption that what is more problematic for women and their aging families, and ultimately for the welfare state, is the lack of structural supports for family caregivers in and out of the labour force, and the erosion of publicly funded systems of care for older people. "The next crisis of the welfare state" is due more to weaknesses and contradictions in current structural arrangements between families, labour markets, and the state for the social provision of care than to women's labour market activities. These structural limitations disadvantage family caregivers, particularly women, so as to precipitate problems in caregiving at all levels of Canadian society, and raise barriers to family caregivers' full participation as paid workers and as citizens.

I suggest that focussing on the implications of women's labour force activities for family caregiving detracts from a complete explanation of reasons underlying current and impending elder care problems in Canada. Such a focus serves to de-emphasize the ideological and structural conditions which shape and constrain the provision of elder care. It also reinforces the view that caregiving is essentially a women's issue which rests within the "private" sphere of "the family". While the state, employers, and the popular press may portray it otherwise, the "caregiving crisis" lies beyond women and their aging families and originates in the broader structural institutions of society. Elder care, first and foremost, is a public issue and not a personal trouble.

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[3]For the purposes of this study, "old people" are arbitrarily defined as persons who are 65 years of age or older. "Very old people" refers to individuals in the 85+ age group. The term "elderly people" is used interchangeably with "old people". Both of these terms represent members of a group socially constructed on the basis of age, yet otherwise heterogeneous in their social characteristics, life styles, and needs for care. Most often, the age of mandatory retirement from the paid labour force (currently age 65) is used to demarcate the age at which people are first considered to be "elderly".

Further, as long as responsibilities for elder care are seen as private, familial responsibilities, and women are assumed to have the option of choosing between employment and caregiving for family members, there will be little progress toward implementing employment benefits which are supportive to women who must integrate employment with elder care. The ideological pressures on women to fulfill caregiving roles, and the inflexibility of their work arrangements, mean that they will continue to disproportionately bear the costs of caring for, and about, their elderly kin. The end result, as this thesis argues, is to disadvantage individuals with major caregiving responsibilities from attaining full participation in social, economic, and civic life, and to perpetuate a situation in which the social provision of elder care is rendered more problematic by its primary reliance on individuals, women and men, who must integrate employment with caregiving in non supportive environments. If major problems in caring for increasing numbers of frail elderly people are to be avoided, then care must be shared more equitably between the state, employers, and families.

Thematic Outline

Three themes integrate the chapters which follow. The first theme emphasizes interrelationships between the social institutions of the family, the market economy, and the state, and the social roles of family caregiver, worker in the paid labour force, and state citizen. Not only do I cross the imaginary boundaries between the "private" and "public" worlds of individuals, I show how these worlds are interrelated and jointly influence the social provision of elder care. Elder care is not a public *versus* a private issue. Rather, state and market provision are powerfully intermingled with private provision (Rein & Rainwater, 1987; Rein, 1989). As Waerness & Ringen (1987; 169) argue, "To think in terms of either private or public care is too oversimplified. The provision of care in society is not a zero-sum activity, there is not a fixed amount of care to be provided and to be divided between the public and private spheres." There are no neat dividing lines between the roles of caregiver, paid worker, and citizen which can be used to separate and disentangle these roles. In theory and in reality, these roles are interwoven and mutually interdependent for those who inhabit them.

Myles (1991) correctly points to the influence of social policies, workplace practices, and the gendered division of caregiving work as central to the creation of a "caregiving crunch". Yet his analyses are exceptional among studies of elder care which, typically, do not examine structural relationships between family caregiving, labour market activities, and social policy. Consequently, as Neysmith (1991: 273) points out, "The conceptual separation of family life, labour market activity, and state responsibility has resulted in a segmented, fractured discussion of caring. Bits and pieces get addressed by policy-makers, academic disciplines, and service professionals, each using different language and contrasting theoretical frameworks for analyzing these issues." However, these roles are neither inclusive nor mutually exclusive; they form a complex and dynamic inter-relationship (Estes, Gerard, & Clarke, 1984: 212).

The second theme developed is that gender is a central structural axis along which relationships between families, labour markets and the state are organized and enacted. The social provision of elder care is a gendered activity, and one which is reflective of the gendered nature of all welfare state regimes. Gender is central to understanding why problems in caring for older people are linked to the ways in which the state influences social relations in families, the labour market, and other social spheres.

The third theme is that, as Neysmith (1991: 274) observes with respect to the contradictions facing women who try to combine their public and private lives, "the resulting dilemmas only make sense when viewed within the political economy of Canadian society." Much of previous research on women and elder care has focussed on individual caregivers and personal stresses experienced in caring for older relatives. Yet feminist researchers (e.g. Andrew, 1984; Ruggie, 1984; Borchost & Siim, 1987; Hernes, 1987; Jenson, 1986; Brenner & Laslett, 1991; Ursel, 1992; O'Connor, 1993; Orloff, 1993) have called attention to the ways in which political ideas and structural conditions shape the experiences of women, and the social organization of care work. Their theoretical and substantive work parallels that of increasing numbers of social gerontologists who emphasize the importance of

what has come to be known as the "political economy of aging" (e.g. Hendricks & Rosenthal, 1993; Estes, 1991a; Myles & Quadagno, 1991). This project draws on these theoretical perspectives, and takes the stance that to understand the social provision of elder care and gender relations requires a conceptual scheme that melds feminist views with more "mainstream" sociological literature on the sociology of aging, the sociology of families, the sociology of work, social welfare policy, and the political economy of welfare states.

There are good reasons for attempting a fusion of ideas drawn largely from socialist feminism with political economy in order to establish a conceptual framework for this project. Both try to understand society in a multidimensional and holistic way. Political economy, like feminism, sees social relations as conditioned by economic structures and processes. It also understands economic arrangements in turn as determined by power relations that are maintained and reproduced through mechanisms of ideological control (Maroney and Luxton, 1987: 6). In this light, the social provision of elder care can be explored from many directions and seen to be influenced by economic structures and processes. Structural arrangements for the provision of care, in turn, can be understood as legitimated and maintained by political ideologies supporting the interests of those holding the balance of power in society.

The Location of the Study: Alberta, Canada

This study is based in the western Canadian province of Alberta, Canada during the early 1990s. Alberta demonstrates considerable similarities with other provinces and welfare states elsewhere in North America, Britain, and Scandinavia. This implies that what is happening in Alberta can be instructive for other places grappling with issues surrounding the provision of elder care. What are these common issues? All have aging populations, high divorce rates, low birth rates, and relatively high and stable levels of women's labour force participation which are partially and importantly generated by demand for labour in the service sector. As far as social policy is concerned, all share an

anxiety about the future of care for the elderly. Further, *in all of them social policy increasingly emphasizes family and community care as the first, and preferred, strategy for meeting the needs of frail older people*. As Baldock and Evers (1992) make clear in their comparative analyses of home care for elderly people in Sweden, the Netherlands and the United Kingdom, the social provision of care for the frail elderly is at the fore front of shifts away from state-dominated systems of social welfare toward more diffuse and pluralistic forms of social care. Alberta, Canada is on the cutting edge of these changes in social welfare systems, and may well serve as an example of what may happen in other welfare states in the world.

Strengthening this assertion, it is important to recognize that debates in Alberta about the future of the provincial welfare state contain the same components found in debates across Canada and throughout the developed world, irrespective of the political parties holding the balance of power in specific regions or nations. These components include constitutional, fiscal, ideological, and organizational elements (Hernes, 1987). In Alberta, the constitutional debate is concerned with redefining the parameters of federal and provincial responsibilities for health and social welfare programs and services, and is linked to long-standing conflicts between the Alberta Government and the federal government over the control and distribution of resources. The fiscal component of the debate is concerned with reconciling increasing budgetary deficits with commitments to maintain a universally accessible, comprehensive health care system, publicly funded old age assistance, long term institutional care, and other public programs and services for senior citizens. These debates have been exacerbated by a freeze since 1991, amounting to an actual reduction, in the size of transfer payments from the federal to the provincial government for health care, social services, education, and related social welfare programmes. Faced with a provincial debt in excess of 20 billion dollars in 1993, Alberta politics are now very similar to those of other Canadian provinces and countries facing massive debt loads. The ideological debate, such as there is in a province dominated by right wing politics, reflects conflicts between neo-conservatism and more centrist liberal and social democratic

politics, about the extent of state intervention in the economy, and about the balance between economic and social concerns in formulating public policy.

The organizational debate addresses two different sets of conflicts: the perceived over-reliance on publicly funded, institutional forms of care; and the changing organization of daily life, the latter being mainly interpreted as a consequence of the increased labour force participation of women. Ideological disagreement appears today in the form of alternative organizational solutions for meeting public commitments to provide a system of care for frail elderly people with complex needs for health care, economic aid, and social support. The emphasis now widely placed on developing systems of family and community care as preferred alternatives to state-provided long term care for elderly people is indicative of this focus and forms part of the central problematic of this study.

As a case study, focusing on Alberta permits an in-depth exploration and analysis of themes and arguments which have been advanced at a more theoretical level in other studies, and, for the first time, yields a study of women, employment and elder care which is grounded in social and political events in a Canadian province. Not only is this study unique in Canada, there being no national or other provincial studies of this nature, it provides the basis for future historical and comparative works concerned with the same problems and issues based in other sociohistorical contexts. The decision to focus on the provincial level of state involvement in the social provision of care is appropriate as responsibilities for the funding, administration, and delivery of health and social services fall largely under the constitutional jurisdiction of the provincial governments in Canada.[4]

Having asserted that Alberta shares much in common with other welfare states and that there is much to be learned from the Alberta experience, it is necessary to keep in mind that Alberta retains some uniqueness among Canadian provinces. While a member of Canadian confederation since 1905,

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[4]The federal government does, however, contribute substantially to the funding and regulation of health and social services across Canada through transfer payments to the provinces, the Canada Health Act (1984) and other legislation, and the setting of national standards (e.g. standards for long term care).

Alberta cannot be said to truly represent the entire Canadian population or its political fabric. Canada is a country which takes pride in its regional diversity, multicultural heritage, and pluralistic politics. Indeed, it is difficult to argue that any one Canadian province is representative of the entire country. Rather, what often seem most valued and interesting to social and political analysts are the differences, rather than the similarities, among Canadian provinces. In this respect, Alberta has stood apart from other provinces on the basis of its relative economic prosperity, largely arising from natural resources, its long standing support for right wing political parties, and its image as a western frontier society made for, and by, enterprising individuals. Alberta is also the Canadian province with the highest labour force participation rates among women, and the youngest provincial population, thus providing an optimal context in which to counterpoise women's paid employment with concerns about current and future arrangements for the care of increasing numbers of frail older people.

Chapter Outline

A brief overview of the chapters which follow may guide the attention of the reader. Arguing that the social provision of care must be seen in the context of gendered relationships between families, the market economy, and the state, I draw on Esping-Andersen's conceptualization of welfare state regimes in order to establish a theoretical framework from which to analyze these interrelationships as they shape and constrain the provision of elder care in Alberta during the early 1990s. Building on the thesis argument and three themes outlined in this chapter, Chapter 2 then focuses on the implications of neo-conservatism for women and the social provision of care. The chapter concludes with an in-depth consideration of the concept of caring, and critically examines ideologies which identify caregiving as "women's work" to be provided in the "private" domain of "the family".

Chapter 3 describes the research methods used to obtain and analyze evidence in support of the arguments advanced in this study. It also identifies serious conceptual and methodological difficulties with previous studies due to the lack of consensus among researchers as to the definitions

of "caregiver" and "caregiving", the unrepresentative samples used in many studies, low response rates to family and employee caregiver surveys, and the absence of detailed comparisons between, and within, groups broadly classified as "caregivers" or "noncaregivers", "employed" or "not employed". What is strongly suggested by these methodological limitations is that much of what is taken for granted about women's (and men's) involvement in caregiving for elderly relatives is open to question, and that relationships between family caregiving, employment, and social policy are only beginning to be understood. The combination of quantitative and qualitative research methods used in this study overcome many of the problems existent in earlier research.

Chapter 4 places concerns about the provision of elder care in the context of population and labour force trends. Linkages between current and projected needs for care among frail elderly people and supplies of "traditional family caregivers" (i.e. married women not in the labour force) are explored and found insufficient, in and of themselves, in explaining the origins of a crisis in caregiving.

In Chapter 5, I estimate the prevalence of elder care activities among representative samples of adults in the Alberta population. Detailed profiles of "family caregivers" and "employed caregivers" are developed which go far beyond the stereotypical view of women as *the* caregivers of society. Noting the definitional and sampling problems which have plagued earlier studies of the prevalence of caregiving, I de-emphasize conceptualization of elder care as a women's issue, confined to the "private" domain of "the family", and provide evidence that refutes the assumption that employed women, and men, diminish their involvement in elder care due to their labour market activities. This evidence is consistent with the thesis that, for the most part, problems in caring for frail older people originate not with the behaviours of individual women and men, but with the ideological and structural conditions under which caregiving is organized and provided.

Chapter 6 elaborates on relationships between caring for elderly relatives and labour market activities, and, in so doing, shows how elder care is not only a personal trouble for some employed women and men, but is a public issue of major economic and social significance for employers and the state. This chapter contributes to understanding the nature and extent of these problems in several ways, yielding new information on the prevalence of the effects of elder care on the labour market activities of Albertans, and detailing who, among all Albertans surveyed, are most likely to report diminished job performance, absenteeism from paid work, expectations of changing work arrangements, and quitting a paid job due to elder care responsibilities. Women's labour market activities are found to be disproportionately affected by current and anticipated responsibilities for elder care. These effects, and the broad spectrum of workers who experience them, creates a stronger basis for the argument that the social provision of elder care is a public issue and a legitimate reason to restructure the conditions of employment so as to enable those employees, who choose to care for elderly kin, are able to do so without loss of income or job security. The evidence presented also points to the gendered nature of these impacts, with women particularly vulnerable to changing their work arrangements due to family responsibilities for the care of dependents, and thus limiting their participation in the formal economy of the province for this reason. By considering the provision of elder care in relation to labour market activities, and conducting these analyses in ways that are sensitive to gender differences and similarities, the argument is strengthened that major changes are needed to ensure that individual Albertans and their families have viable options for meeting the needs of frail older relatives.

Chapter 7 is concerned with the employment conditions under which caregiving occurs, and examines these conditions from the perspectives of Albertans in the provincial labour force, employers, unions, and the state (i.e. the Alberta Government) as employer. For those Albertans, particularly women, engaged in caring for elderly relatives, needs for changes in the organization and conditions of paid work are particularly acute. Yet, widespread public support for employment conditions that

support workers with family caregiving responsibilities stands in stark contrast to workplace and state policies which emphasize individual and familial responsibilities for the social provision of care. This chapter examines why employers have, and have not, responded to elder care issues among employees, and illustrates the ways in which corporate interests guide discussions on the need to address "work and family" issues in the labour force. As unions have only begun to address elder care issues, family-related benefits relevant to elder care are sparse in collective agreements. Only in the heavily unionized public sector where women predominate has there been any significant feminization of the labour agenda, and tangible efforts to recognize and address work and family issues. These initiatives have been short-lived, however, as governments aim to reduce the size of the public service and co-opt family-related leaves and other benefits for this purpose. The chapter concludes with policy and program options which could assist workers to integrate elder care and employment. Part-time work is *not* among the recommended options, although it is the most commonly used mechanism for women to "balance work and family" responsibilities.

Chapter 8 builds on earlier analyses, arguing that problems in the social provision of care are exacerbated by governments' preoccupation with deficit reduction, and a penchant for neo-conservative ideas which promote the reduction of the welfare state and shifting responsibilities for caring onto individuals and families. I argue that the social provision of care for frail older people in coming years will be linked to the fortunes of the provincial welfare state. The political economy of Alberta, not women's labour market activities, will primarily determine the nature and extent of problems in caring for older people, now and in future. Fundamental changes in the current direction of state and family relations for the social provision of elder care are needed to ensure that older people receive the community based supports they need and prefer, that families have viable options for providing support to older kin, and that family caregivers, particularly women, are not prevented from full participation as paid workers and citizens of the province.

Finally, Chapter 9 draws together the arguments and empirical evidence presented in earlier chapters, and suggests ways in which this study has contributed to understanding gendered relations of family caregiving, employment, and social policy within the context of Alberta in the early 1990s. Limitations of the study are also identified, and additional research questions, as yet unanswered, are offered for the consideration of other researchers. The chapter concludes by casting a look forward to three possible future scenarios emanating from the current state of affairs surrounding the provision of care for older people in Alberta. The implications for women of these social policy trends are not encouraging, as long as society fails to create environments which are supportive to caregivers and those older people for whom they care.

Chapter 2. Theoretical Perspectives

Elder Care in the Context of a Welfare State Regime

A thesis argument which points to the ideological and structural conditions under which elder care is provided must utilize a theoretical framework which allows one to explore structural relationships between the state, the market economy, and families surrounding the provision of elder care, and the political ideas which influence these relationships. Such a conceptual scheme must, of course, be cognizant of the implications of dominant political ideologies for the value and meanings placed upon the gendered division of caregiving work, and be sensitive to qualitative differences in structural arrangements for the social provision of care.

In this regard, recent comparative work on welfare state regimes has emphasized the importance of relationships between the state and the economy, particularly between paid work and social welfare policies that permit, encourage or discourage the decommodification of labour (Lewis, 1992).[1,2] More specifically, the power resources school of welfare state theories, exemplified by the work of Esping-Andersen (1987a,b; 1990) and Korpi (1985 & 1989), provides an initial basis for analyzing relationships between the state and the market economy. This theoretical approach to social policy development starts with the observation that in the welfare state politics is deliberately used to modify the play of market forces (Korpi, 1989: 312). The welfare state can therefore be analyzed in terms of the ways and the extent to which it affects the relative roles played by politics and markets in a society. According to Korpi (1989: 312), "Markets and politics are seen as institutionalized, partly

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[1]A welfare state regime refers to "the institutional arrangements, rules and understandings that guide and shape concurrent social-policy decisions, expenditure developments, problem definitions, and even the response-and-demand structure of citizens and welfare consumers." (Esping-Andersen, 1990: 80)

[2]De-commodification of labour occurs when a service, such as care for an elderly relative, is rendered as a matter of right, and when an individual can maintain a livelihood without reliance on the market. A minimal definition of a "de-commodifying welfare state [...] must entail that citizens can freely, and without potential loss of job, income, or general welfare, opt out of work when they themselves consider it necessary" (Esping-Andersen, 1990: 23). Thus, in a fully de-commodifying welfare state leave provisions would guarantee individuals benefits equal to normal earnings, and the right to absence from their jobs for the duration deemed necessary with minimal evidence of need required.

alternative, partly overlapping strategies or arenas for the mobilization of resources, the distribution of rewards and the steering of society." From a power resources perspective, a critical assumption is that the types of power resources that can be mobilized and used in politics and on markets differ in class-related ways. In the market, capital and economic resources form the basis of power, and such resources tend to be unequally distributed among social classes. In democratic politics, however, the principal power resources are the right to vote and the right to organize for collective action, rights that are presumed to be equally distributed in democracies (Korpi, 1985 & 1989). Used for comparative purposes, the class-related distribution of power resources allows one to explain variations in the development of social citizenship and welfare states (Korpi, 1989).

The first implication of the power resources perspective for systems of social provision is that "politics matters", in contrast to other theoretical frameworks that contend that social policy reflects the systemic needs of capitalist, industrialized societies. In addition, the influence of the welfare state on the everyday lives of individuals is emphasized rather than ignored in analyzing systems of social provision. This is important because, as Esping-Andersen (1990: 141) suggests, "the welfare state is becoming deeply embedded in the everyday experience of virtually every citizen. Our personal life is structured by the welfare state and so is the entire political economy." Given the magnitude and centrality of the welfare state, "it is unlikely that we will understand much of contemporary society unless it is part of our conceptual models" (ibid.).

Esping-Andersen's (1990) theoretical specification of a welfare state regime distinguishes between "three worlds of welfare capitalism" -- liberal, conservative corporatist, and social democratic -- on the basis of three key dimensions: (1) how state activities are interlocked with the market's and the family's role in social provision; (2) social rights and de-commodification of the status of individuals vis-a-vis the market; and (3) social stratification: one's status as a citizen and a member of a social class. Reflective of the emphasis placed on relations between the state and economy, these principles are evidenced in "the configuration of policies relating to targeted versus universalistic

programs, the conditions of eligibility, the quality of benefits and services and [...] the extent to which employment and working life are encompassed in the state's extension of citizen rights" (ibid.).

For Esping-Andersen & Korpi (1987: 41), a fundamental dimension that varies across welfare states concerns the "range, or domain, of human needs that are satisfied by social policy" instead of by the market, and "how state activities are interlocked with the market's and the family's role in social provision" (Esping-Andersen, 1990: 21). The possibility thus exists for distinguishing welfare states in terms of their qualitative arrangements for the social provision of care. In this regard, corporatist regimes are "strongly committed to the preservation of traditional family-hood. Social insurance typically excludes non-working wives, and family benefits encourage motherhood. Day care, and similar family services, are conspicuously underdeveloped; the principle of 'subsidiarity' serves to emphasize that the state will only interfere when the family's capacity to service its members is exhausted." (Esping-Andersen, 1990: 27) However, in liberal regimes, "concerns of gender matter less than the sanctity of the market" (Esping-Andersen, 1990: 28), while the social democratic regime's "policy of emancipation" addresses both the market and the traditional family. Here, "the ideal is not to maximize dependence on the family, but capacities for individual independence." In this sense, the social democratic model is

> "a peculiar fusion of liberalism and socialism. The result is a welfare state that grants transfers directly to children, and takes direct responsibility of caring for children, the aged, and the helpless. It is, accordingly, committed to a heavy social service burden, not only to service family needs but also to allow women to choose work rather than the household." (Esping-Andersen, 1990: 28)

While "there is no single pure case", Esping-Andersen classifies Canada as a liberal welfare state regime in view of the overall tendency in Canadian social policies to respond only to market or family "failures" and limit the distribution of social welfare to particular groups deemed "most deserving" of benefits. As a Canadian province, Alberta would be thus classified as a liberal welfare state regime where "concerns of gender matter less than the sanctity of the market" (Esping-Andersen , 1990: 28).

A crucial premise of so-called liberal welfare states, including Alberta, is that individuals are capable of caring, providing, and deciding for themselves (Stone, 1991). The issue of elder care represents a fundamental challenge to the liberal social order for people with ongoing needs for care are not the autonomous beings that a liberal political economy is designed to accommodate.[3] Liberal political theory has no place for dependence and the caring work that is central to it.[4]

Relationships between the state, the economy, and families in Alberta are also strongly influenced by neo-conservative ideas and political agendas which, in turn, shape structural arrangements for the provision of elder care. According to Marchak, neo-conservatism encapsulates

> "a somewhat contradictory set of beliefs which combine advocacy of minimal government, establishment of a completely free market, extreme individualism; and strong, centralized government, controlled markets, and special concern for major economic corporations in the international marketplace. The common core in this position is hostility toward democracy, the welfare state, unions, and collective bargaining" (Marchak, 1988: 13-14).

Elaborating on her interpretation of new right politics in *The Integrated Circus*, Marchak explains that the new right is an ideology and a political agenda which "rejects the Keynesian consensus of the post-war era, and extols the virtues of free enterprise and entrepreneur ship. It expresses dissatisfaction with democracy, equality, social welfare policies, collective bargaining, and other citizen's rights achieved throughout the previous decades" (Marchak, 1991: 3). According to Desmond King (1987: 9), one of the central components of neo-conservatism is a belief in "the

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[3]Stone (1991) traces the roots of contemporary liberalism to ancient Greece, where men were expected to establish their own household economies to provide for their basic needs, and only those who successfully performed that task were admitted to the status of citizen of the polis - members of the legislature who could discuss and vote on public issues. The women and slaves who performed all the household work were not, and could not become, citizens. Disabled men, if they were poor enough to need help and take a pension from the community, lost their right to be citizens as well. Athenian democracy, then, established two kinds of people as non citizens, devoid of political power: people who needed taking care of and the people who took care of them (Stone, 1989: 547). Moreover, the normal work of caretaking was simply ignored, rendered invisible, both because the men who benefited from this work were not disqualified from citizenship, and because the women and slaves who performed it were not thereby qualified for citizenship (ibid.).

[4]John Stuart Mill (1859) put forth is what perhaps still the guiding tenet of classic liberalism. Government may not interfere with the liberty of the individual except to prevent harm to others. But, he warned

> It is hardly necessary to say that this doctrine is meant to apply only to human beings in the maturity of their faculties. We are not speaking of children and very young people [...] Those who are still in a state to require being taken care of by others must be protected against their own actions as well as against external injury. (Mill, 1859: 69)

Mill did not conceive of a society in which older people "still" or always need taking care of.

superiority of market mechanisms as a promoter both of economic prosperity (because of the supposed greater efficiency of the market in the allocation of and use of scarce resources); and of the maximization of individual freedom through the limiting of state intervention: freedom must be market based freedom rather than state-imposed."

Dismantling, or at least cutting back on the welfare state is seen as desirable, and market-based solutions to economic and social problems are considered superior to state intervention. The state, however, is free to intervene in the lives of individuals to the extent that it adopts a moral stance in prescribing the nature of familial responsibilities, and establishes the terms and conditions under which the provision of care for dependent groups is organized. Neo-conservative political ideas legitimate changes in relations between the state and families so as to shift increasing responsibilities for the social provision of care onto families, and especially women. This shift in relations between the state and families is reinforced by gendered ideologies which cast women in life-long roles as family caregivers.

Much social policy discussion in Canada presupposes the separation of the public from the private, the family from the state, production from reproduction, even when our daily experience causes us to question the concept of separate spheres (Neysmith, 1991: 294). In this respect, the blend of publicly provided social rights and private initiative is considered a particularly important element in the identification of a welfare state regime. For Esping-Andersen (1990: 80), regimes can be compared with respect to which essential human needs are relegated to *private versus public* responsibility. In his view, the division of social protection between public and private provides the structural context of de-commodification, social rights, and the stratificational nexus of welfare-state regimes. That is, "It is the interplay [between public and private provision] that defines the overall distributional structure, the relation between social rights and private contracts, inequalities of class, gender, or status, and, in the final analysis, defines welfare-state regimes" (Esping-Andersen, 1990: 103).

Use of terminology which distinguishes between private and public responsibility is, however, problematic for understanding social relations of caring between the state, economy, and families. As Okin (1991: 68-69) explains in her critique of liberal political theory,

> 'Public/private' is used to refer both to the distinction between state and society (as in public and private ownership), and to the distinction between non-domestic and domestic life. In both dichotomies, the state is (paradigmatically) public, and the family, domestic and intimate life are (again paradigmatically) private. The crucial difference between the two is that the intermediate socio-economic realm in the first dichotomy is included in the category of 'private' but is in the second dichotomy 'public'.

Such distinctions between "public" and "private" domains rest on the false assumption that public concerns can with relative ease be distinguished from private ones, and that there is a solid base for separating out "personal troubles of the milieu" from "public issues of social structure". Sometimes explicitly, as indicated by references to formal versus informal care, but more often implicitly, the idea is perpetuated that these spheres are sufficiently separate, and sufficiently different, that the public or political can be discussed in isolation from the private or personal. Distinctions between "private and public", and the view that elder care is essentially a private concern of individuals and families, obscures the ways in which family caregiving and labour market activities are interrelated and gendered. A necessary corrective, Land (1991: 18-19) argues, is to "take into account the complexity of the relationship between the family, the market and the state and challenge the assumption that caring is an attribute and activity which naturally belongs to women."

While the power resources school represents an important advance in the study of welfare states, it largely ignores the unpaid work that is done primarily by women in providing care for family members. Esping-Andersen's classification scheme does not reflect differences in how care is provided and does not predict women's employment patterns (Orloff, 1993: 312). These analytic inadequacies are attributed by Orloff to some of Esping-Andersen's premises which neglect gender relations and feminist scholarship. As evidenced in his description of the social democratic model of a welfare state, he sees women as *choosing* between work and the household, thus failing to recognize that most

women do not have such a choice and that, of course, household labour performed by women is in itself a form of work.[5]

Moreover, the power resources perspective fails to adequately account for relationships between unpaid work and paid work in the labour market, and relationships between the state and families for the social provision of care. Waerness & Ringen (1987: 161) note that family and occupational welfare have attracted only moderate attention in welfare research, and family welfare least of all, even though there is a growing understanding of the importance of these "hidden welfare states." Kolberg (1991) similarly observes that the interface between the informal provision of social welfare, the market and the state has not been subjected to close analysis. Indeed, family caregiving was absent from Titmuss's (1958) classic threefold division of welfare into state, fiscal and occupational provision (Abel-Smith & Titmuss, 1987), and as Lewis (1992) points out, it is just as absent from more recent conceptualizations of welfare state regimes. Orloff (1993: 312) also notes that power resources analysts of welfare states have generally given more attention to the "division of labor" between states and markets in providing welfare than to relations among states, markets, and *families*. Provision of social welfare counts only when it occurs through the state or the market, while work in the home is ignored. Yet the "state-society" relation must include the organization of the family as an independent sphere of activity next to the market economy. The development of the welfare state, with a division of caregiving activities between the family and the state, makes it even more important to explore relations between the state and family for the social provision of care (Siim, 1988). The crucial relationship is not just between the state and the economy; rather, the state,

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[5]For more extensive critiques of the limitations of Esping-Andersen's concept of welfare state regimes, as seen from the perspectives of feminist scholars concerned with gender relations in welfare states, see Leira (1992), Lewis (1992), and Orloff (1993). Jane Lewis (1992), for example, critiques Esping-Andersen's notion of the de-commodification of labour as a necessary prerequisite for workers' political mobilization on the basis that "the worker he has in mind is male and the decommodification of his labour may depend as much on the unpaid caring work of women as on state policies. Decommodification of labour for women, notes Lewis (1992: 161), "is likely to result in their carrying out unpaid caring work; in other words 'welfare dependency' on the part of adult women is likely to result in the greater independence of another person, young or old." The unequal division of caring work between women and men thus blurs the dichotomous divisions between dependent and independent, commodified and decommodified labour.

economy, and families are interrelated in complex ways which altogether have a profound influence on social relations of caring. In reality, as Sokoloff (1980) and Pateman (1988) have argued, these spheres and human activities are interrelated rather than separate.

And what of gender relations? The gendered division of labour within states, the economy and families has gone almost unheeded in theories of the welfare state. Failures to consider "the family", however defined, and the use of falsely gender-neutral language, have resulted in the continuing neglect by mainstream theorists of the highly political issue of gender (Okin, 1991). Most scholarship about the welfare state does not use gender as a category of analysis, and so distorts our understanding of the welfare state through many levels (Gordon, 1990). But, in order to understand the welfare state itself, suggests Andrew (1984: 667), it is necessary to examine the question of gender, and the relations between women and the welfare state.[6]

Many recent feminist analyses of welfare states have recognized the ways in which gender relations are an integral component of relations between the state, market economy, and families (Wilson, 1977; Waerness, 1984a,b; 1987; 1990; Hernes, 1987; Pascall, 1986; Sassoon, 1987a,b; Pateman, 1988; Laslett & Brenner, 1989; Gordon, 1990a,b; Lewis, 1992; Ursel, 1992; O'Connor, 1993; Orloff, 1993). Helga Hernes (1987), for example, has been concerned with the extent to which welfare states have the potential to be "women-friendly", or, conversely, how they perpetuate systems of male dominance. O'Connor (1993) has strongly argued that a necessary corrective to welfare state research must be the incorporation of gender into the analysis of welfare state regimes. Further, Orloff (1993: 314) asserts that "the conceptualization of the "division of labor" among states and markets must also include families as significant providers of welfare, and the unpaid caring and domestic work of women must be explicitly recognized." Other studies of welfare states have examined representations of gender relations in policy, and thus the gendering effects of state actions (Jenson, 1991). As a result

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[6]Myles (1989) acknowledges this problem in his revised edition of *Old Age in the Welfare State*, and calls for the inclusion of gender in future analyses of welfare states.

there has been a move beyond a focus on "women and the state" towards a perspective which examines the ways in which all social relations of power -- including those of gender -- organize and are organized at the complex connection of state and civil society (Jenson, 1991: 1).

As such, these works form a necessary corrective to existing literature on the welfare state which is too often "family blind" and "gender blind" in its conceptions of work, welfare and citizenship. Yet, as Orloff (1993: 304) points out, not enough is known about how and to what extent systems of social provision and other state institutions actually do vary in their gender content, how social provision and other state institutions affect gender relations, and how the state's impact on gender relations is related to its effects on other social relations.

This thesis aims to contribute to knowledge in these areas by examining the gender content of systems of social provision of elder care in Alberta, how the social provision of elder care by women and men is affected by paid work, conditions of employment, and state policies, the nature of gender differences in the provision of elder care and the effects of elder caregiving on paid work, and how the state's impact on the provision of elder care is related to its effects on other social relations. Central to this project are the three themes identified at the outset of Chapter 1 and reinforced in this chapter, namely that (1) the social provision of elder care must be considered in the context of relationships between the state, the market economy, and the family, however defined; (2) gender is a central structural axis along which these relationships are organized and enacted; and (3) that in order to understand these structural relationships and problems surrounding the social provision of care, it is essential to consider them, from a feminist perspective, in the context of the political economy of Alberta's welfare state.

Notwithstanding the limitations of the power resources school of welfare state theories for understanding gender relations and the unpaid caring work of women for family members, Esping-Andersen's conceptualization of the key dimensions of welfare state regimes provides a useful, initial

theoretical framework for analyzing systems of social provision of care in Alberta. In particular, as Chapters 7 and 8 of this thesis demonstrate, it provides a strong basis for considering relations between the state and the economy and the effects of social policy on structural arrangements for the provision of elder care. Chapters 5 and 6, which focus on the nature and extent of elder care provided by women and men in Alberta, and the effects of elder caregiving on their labour market activities, remedy the conceptual limitations of Esping-Andersen's welfare state regimes in so far as much greater attention is paid to the social provision of elder care by women, and men, and how caregiving is related to their labour market activities. These conceptual efforts become more evident as the reader shifts through the subsequent chapters, and the conceptual arguments advanced here are fleshed out with empirical evidence drawn from individual Albertans, collective labour agreements, social policy documents, and other relevant sources.

Further attention is also directed in Chapter 8 toward exploring the nature and implications of neo-conservative political ideas for the social provision of elder care in Alberta. Rather than introduce these theoretical ideas here, divorced from the substantive content which they serve to explain to some degree, the reader is referred to Chapter 8 for a more in-depth treatment of this political ideology as it influences women, employment, and elder care in Alberta during the early 1990s.

Given its centrality to the meaning of elder care and who provides care within a welfare state regime, the following section focuses on the concept of caring and the feminization of this concept. This analyses is deliberate and detailed, perhaps to overstate the point that too long women's unpaid caring work has received insufficient attention from social scientists. It also is intended to underline the ways in which debates about caring are, in essence, socially constructed arguments which can serve the interests of those who are more powerful -- the state and employers, in particular.

Ideology and the Politics of Caring: The Social Construction of Female Identity

Caring has been idealized as the essence of femininity (Chodorow, 1978), a liberating force for humanity (Miles, 1982; Ehrenreich & English, 1978), and as a distinctively "female ethic" (Gilligan, 1982; Noddings, 1984). As such, caring is imbued with decidedly moralistic qualities which shape the nature of human thought and action, presumably for the betterment of humanity. However, caring has also been portrayed by socialist feminists, such as Croft (1986), Dalley (1988), and Waerness (1984a,b), as an oppressive ideology used by the state to perpetuate the subordination of women within the social order.[7] Tronto (1987b), for example, describes caring as a moral ethic created in modern society by the condition of subordination. It is the latter perspective, argued most forceably by socialist feminists, which informs this thesis and which calls for an examination of the broader ideological and structural contexts in which gendered relations of caring are organized and enacted.

But what is caring? How has caring come to be so closely associated with "women's work" and problems in the social provision of elder care? To answer these questions, it if first necessary to take a close look at the concept of caring, and explanations of how it has become "gendered" in its meaning and use in social discourse. To begin, recognizing the multi-dimensional nature of caring is relatively straightforward, but building an analysis of caring is more problematic (Graham, 1983). There is no single, overarching theory of caring, and definitional difficulties abound. Whether defined as an identity or an activity, the experience of caring slips between the tight conceptual categories of the social sciences (Graham, 1983: 14). According to Waerness (1984b: 69), "the conceptual and theoretical tools from sociological traditions [are] inadequate for the analysis of caring" insofar as they neglect "relations in the sphere of reproduction". She poses the problem thus:

> These [conceptual] categories were fashioned for the new social relations in nineteenth-century capitalism, a time when the organization of caring went through fundamental changes. As women were (and still are) nearly invisible to male social scientists, this may explain why the leading social theorists do not give us any

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[7]'The state' in this instance is taken to be "an ideological thing [...] as the device in terms of which subjection is legitimated (Abrams, 1977 & 1988: 68).

> sophisticated understanding of the relations in the sphere of reproduction, with the result that many of the categories of the social sciences in many ways obscure the changing pattern in the organization of caring and the underlying system of gender divisions of labour on which these new patterns were based. (Waerness, 1984b: 68-69)

While women have long known caring as a basis for social interaction (Land & Rose, 1985: 79), the concept of caring is a relative newcomer to sociological discourse and theory construction. Indeed, caring is a theoretical category which, insofar as it is assumed to represent one of those "ostensibly natural and universal self-understood forms of social life'" (Sayer, 1987: 133), appears to warrant a minimum of exploration. Nonetheless, the concept of caring is called into service for diverse personal and political reasons often far removed from the lived social relations it appears to represent.

The concept of caring resists a neat, unambiguous definition either by means of a good dictionary or by assuming that it is synonymous with the more time-honoured concepts of altruism and benevolence. Indeed, philosopher Jean Grimshaw (1986: 215) argues that it is not possible "to specify any clear set of sufficient conditions for the existence of caring". Caring, as an expression and explanation of human relations which are by nature developmental and transitory, cannot be reduced to a single, ahistorical definition. Assuming a "'correspondence' between phenomenal forms and categories of thought" (Sayer, 1987: 131), the concept of caring shifts in its interpreted meanings in concert with shifts in phenomenal forms labelled as caring relationships. Caring is a concept of central importance for describing, explaining, legitimating, and sustaining various forms of social relations, yet there is no consensus as to its meaning or political implications.

That the notion of caring is essentially identified with social relations is, however, clearly evident. Noddings (1984: 9) rightly points out that "the essential elements of caring are located in the *relation* between the one-caring and the cared-for". Mayeroff (1971: 1) describes caring "as helping another grow and actualize himself, *a way of relating to someone* that involves development". Waerness (1984a: 188) similarly observes,

> We often choose the words 'to care for' to convey a sense of the bonds which tie us to other people in a wide variety of social relationships. We 'care for' our friends, our lovers, our children, our parents, our clients, our patients and sometimes for our neighbours, and even sometimes for people we come into contact with at chance meeting places. Caring is about relations between (at least two) people.

Graham (1983: 13) affirms that "the experience of caring and being cared for is intimately bound up with the way we define ourselves and our social relations". She portrays caring as a "labour of love", and as "a concept encompassing that range of human experiences which have to do with feeling concern for, and taking charge of, the well-being of others" (1983: 13). For her, caring demands "both love and labour, both identity and activity, with the nature of the demands being shaped by the social relations of the wider society" (Graham, 1983: 13-14).

Waerness (1984b) distinguishes the nature of caring relations by means of a typology hinged on the degree of reciprocity between participants. In this typology, care-giving work is defined as "services, help and support given on a consistent and reliable basis to persons who [...] are dependent, i.e. persons who cannot take care of themselves , [...] the children, the ill, the disabled and the old" (Waerness, 1984b: 71). Caring is manifested as "care", an objectified service dispensed because of duty or some other moral dictum to "groups dependent on some people having a duty to provide *care for others*" [8] (Waerness, 1987: 71). The element of *obligation* is important to recognize in this definition for it underlines the reality that caregiving may well take the form of "compulsory altruism" (Land and Rose, 1983), performed out of sense of duty or obligation rather than affection for older kin.

Caregiving work as defined by Waerness bears the closest resemblance to what is usually meant by elder care, for it signifies the *ongoing* provision of emotional support and physical help to someone who is dependent on others because of cognitive, emotional, or physical limitations associated with frailty and very old age. Ongoing care may be provided for a variety of reasons spanning from feelings of altruism and genuine affection to those best characterized as compulsory

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[8] Emphasis is in the original.

duty without positive regard for the recipient. It is *not* assumed that caring for and caring about elderly kin are synonymous, for women may engage in caregiving behaviours due to feelings of obligation (Walker, 1991) and may not "care" in the positive sense of the word.

Leaving this important issue aside for the moment, it is remarkable that in most societies at most times, the sexual division of labour has given responsibility for the care of people who are frail or vulnerable to women -- within families and on the basis of love or duty. The archetypal images are of women as nurturers and carers, and men as financial providers and protectors (Baldwin & Twigg, 1991: 117). Indeed, the assumption that there are critical differences between the sexes, which result in the allocation of different tasks to women and men, as well as to different evaluations of the sexes and the products of their labour, is common in most societies (Sydie, 1988: 7). Men are assumed to the chiefly preoccupied with and responsible for the occupations of the sphere of economic and political life, and women with those of the private sphere of domesticity and reproduction (Okin, 1991: 69-70).

What is the conceptual basis of this gendered division of labour? According to maternalist theories, the origins of caring behaviours are located in the realm of female experience, or, to be more precise, in the biological reproductive capacity of females. The biological capacity of (some) women to bear children is construed as an innate social destiny for all women to assume a lifetime of caregiving work for the benefit of others, and ultimately for the benefit of the social order. Biological reproduction is conflated with social reproduction (Dalley, 1988:10), and motherhood is seen as the origin and the model for caring (Ungerson, 1983: 65).

The first major explanatory theory built on maternalist principles, evident in the work of J. J. Bachofen (1861), situates the origins of caring in the mother-child relationship, and elevates loving care as a civilizing force in "primitive society". In Bachofen's vision of society as evolving through a series of developmental stages, he claims that women "at the lowest, darkest stage of human existence" developed culture and advanced the development of society by virtue of caring for others. In his view,

> Raising her young, the woman learns earlier than the man to extend her loving care beyond the limits of the ego to another creature ... Woman at this stage is the repository of all culture, of all benevolence, of all devotion, of all concern for the living and grief for the dead. (Bachofen, 1861: 79)

Bachofen's ideas about innate, positive, "feminine" characteristics were adopted by nineteenth-century maternal feminists, both in America and Britain, and used to promote an image of women as "more altruistic than men because of their maternal instincts and historic role as nurturers" (Lerner, 1986: 27).[9],[10],[11] Biological differences were accepted as determinant of moral virtues naturally manifested by women in social reproductive care-taking roles. This appeal to "natural" differences between men and women provided the basis for traditionalist ideas situating the origins of caring in the reproductive potential of women.

The attractiveness of this interpretation is enhanced by functionalist arguments that define the position of women in relation to society's needs, including needs for nurturance and care-taking services (Okin, 1979). According to Lerner (1986: 17), in traditionalist theories, "Women's maternal

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[9]Among nineteenth century feminists, these characteristics were believed to give women a special mission: to rescue society from the destructiveness, competition, and violence created by men holding unchallenged dominance (Lerner, 1986: 27).

[10]The moral superiority of women on the basis of their assumed propensity for caring, the elevation of caring as a value and an ethic for human conduct, and the positive influences which women and an ethic of care could contribute to society are recurrent themes advanced among feminist thinkers in the twentieth century. Consider the stance taken by Ehrenreich and English (1978: 342):

> We refuse to remain on the margins of society, and we refuse to enter society on its own terms ... The human values that women were assigned to preserve [must] become the organizing principle of society. The vision that is implicit in feminism [is] a society organized around human needs ...There are no human alternatives. The Market, with its financial abstractions, deformed science, and obsession with dead things -- must be pushed back to the margins. And the "womanly" values of community and caring must rise to the center as the only *human* principles. "

Similarly, for Angela Miles (1982: 218), "the overall political struggle must be primarily to feminize the world and man and the concept of humanity", a transformative process to be based on the "devalued and subordinated female-associated values, characteristics and activities, such as caring, sharing, cooperation, nurturing, intuition and emotion" (1982: 10-11). The outcome she anticipates is "a new, more human, feminized world, integrated around the requirements of people's self-actualizing reproduction, which can be opposed to industrial male society organized around the alienated production of things" (Miles, 1982: 221).

[11]Gilligan (1982) advocates the view that men and women have different orientations and perspectives toward caring, morality, and justice. She describes a "woman's voice' in morality, the "care perspective", in which the central concepts are relationship (connection), context, and responsibility for care. Gilligan claims that women possess a moral imperative "to care, a responsibility to discern and alleviate the 'real and recognizable trouble' of this world", whereas men's moral imperative "appears rather as an injunction to respect the rights of others and thus to protect from interference the rights to life and self-fulfillment" (1982: 100).

function is seen as a species necessity, since societies could not have survived into modernity without the majority of women devoting most of their adult lives to child-bearing and child-rearing". Thus a sexual division of labour based on biological differences is regarded as functional and just (Lerner, 1986: 17).

In the 1950s, Talcott Parsons' structural functionalist ideas suggested that the essential functions which the nuclear family performs for society necessitate differentiation between female and male sex roles, with women cast in the role of expressive, nurturing caregiver. Parsons, however, did not believe that the gendered division of labour is a biologically determined extension of procreative roles. Rather, the fact that pregnancy and lactation become the basis of an entirely different role and lifestyle for women had to be explained by the mediating factor of the family (Moller Okin, 1979: 242). "Indeed", Parsons & Bales (1955) write, "We argue that probably the importance of the family and its functions for society constitutes the primary set of reasons why there is a *social*, as distinguished from purely reproductive, differentiation of sex roles".

The two basic points in Parsons' argument about the importance of sex-role differentiation are that the family, like any small group, must have an "expressive" leader and an "instrumental" leader, and that the mother must assume the first of these roles and the father the second. Why is this so? Parsons argues that the mother's expressive role derives from the two facts of pregnancy and lactation. It is by default that the father, since he cannot perform these functions, must go out to work and become the instrumental leader:

> In our opinion the fundamental explanation of the allocation of the roles between the biological sexes lies in the fact that the bearing and early rearing of children established a strong presumptive primacy of the relation of mother to the small child and this in turn establishes a presumption that the man who is exempted from these biological functions, should specialize in the alternative instrumental direction. (Parsons, 1955: 23).

Perceived differences between men and women are mapped into a series of dichotomies: men are rational, women are emotional; men think logically, women intuitively; men are instrumental,

women are expressive. A sharp distinction between men's and women's caring abilities replicates these other dichotomies, notes Grimshaw (1986), with ideas about motherhood tightly interwoven with ideas about caring. Psychoanalyst and maternalist Nancy Chodorow thus argues, "Being a mother, then, is not only bearing a child - it is being a person who socializes and nurtures. It is being a primary parent and caretaker" (1978: 11). For her, women's mothering (i.e. caring) is central to the gendered division of labour.

For Dalley (1988: 9), the concentration of multiple functions in the role of motherhood seems to be at the root of the caring issue. In her words, "Biological and social reproduction become confused - the function of bearing children (biological reproduction) and the emotional bonds which are associated with it become indissolubly linked with the tasks of servicing, maintaining and succouring the domestic group (social reproduction) within which child-bearing takes place." It is then replicated in the public world (women's jobs service men's jobs, women's work relationships with men mimic their domestic relationships, and so on). Likewise the role of mother is relation to her children is extended into other relationships and other contexts. (Dalley, 1988: 9)

All this serves to polarize caring as a female trait and defining characteristic of women's self-identity and life's work (Graham, 1983: 18). Caring is incorporated within the gender order of social relations, an order which "provides the mode of interpretation through which individuals construct a subjective and social identity" (Marshall, 1989: 182).[12] Women are positioned in the gender order of caring relationships as the one-caring, and this is achieved to the extent that women "often define themselves as both persons and moral agents in terms of their capacity to care" (Noddings, 1984: 40). According to Gilligan (1982: 17),

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[12]Matthews (1984: 13-14) describes the gender order as a material and ideological grid, a system of power relations that "turns barely differentiated babies into either women or men of the approved types, thereafter keeping them to the mark as the definitions change". Further, "the specific nature or content of any gender order is constantly in process, being formed and changed. It is fashioned by the actions of individuals who are themselves formed by that interaction. It is created in the struggles and power strategies and contradictions and unintended consequences of a multitude of social groups and individuals and interests ... the femininity and masculinity that are forged of these countervailing forces are never constant but are always changing and, more often than not, internally inconsistent if not contradictory" (Matthews, 1984: 14-15).

> Thus women not only define themselves in a context of human relationship but also judge themselves in terms of their ability to care. Women's place in man's life cycle has been that of nurturer, caretaker, and helpmate, the weaver of those networks of relationships on which she in turn relies.

Thus, Ann Oakley observes (1986: 143), "Caring is both who you are and what you do - it is both love and labour. In the former sense, to love is part of women's psychology, and in the latter to perform caring work is part of women's situation within a gendered division of labour". Waerness (1984a: 186) sums it up by stating, "One fundamental fact [...] is that the responsibility for caring is still ascribed on the basis of gender - as a part of the formation of femininity". A dominant ideology of women as caring permeates the consciousness of women and legitimates their position as the caregivers of society, irrespective of the validity of arguments launched to support the notion that caring is necessarily a female trait, identity, or function.

What is most remarkable, observes Dalley (1988: 15), is that "women themselves seem to subscribe to this view of their nature and accept the structural consequences that stem from it". She points out the pervasiveness of this ideology in contemporary British society:

> A view that holds women to be caring to the point of self-sacrifice is propagated at all levels of thought and action; it figures in art and literature, it is the prop of official social welfare policies, and it is the currency in which the social exchanges within marriage and the domestic sphere are transacted. It means that women accept the validity of this view as readily as men do. And once this central tenet - of woman's natural propensity to care (in contradistinction to men's nature) - is accepted, the locus for that caring becomes determined. (Dalley, 1988: 15)

Held under the sway of ideas which define women in terms of their caring role and capacities, women are especially vulnerable to charges of not-caring and to exploitation by more powerful partners (Grimshaw, 1986: 217). In the context of Alberta's contemporary welfare state, the social construction of caring as "women's work" overlaps with liberal elements of neo-conservatism which emphasize individual and familial responsibilities for caring. In this ideological environment, women face enormous difficulties in advancing an alternative vision of more equitable sharing of these responsibilities between all sectors of society for they are doubly bound by ideas which locate

responsibilities and obligations for caring firmly beyond the "public" spheres of the state and the formal economy, and in the "private" domain of individual women and "traditional families" in which women are ascribed the role of primary caregiver. In this sense, the ideological coercive elements of caring are used as a means to legitimate a minimal role for the state in the social provision of care, and to ensure that the balance of responsibilities for caring is shifted away from the state.

Conclusion

Conceptualization of elder care in the context of a welfare state regime permits greater understanding of the structure and dynamics of elder care, and overcomes limitations arising from a narrow focus on elder care as primarily a concern of families, or, to be more precise, of women. Conceived more broadly, elder care can be seen to impact not only on women and families, but also on the state and the market economy. Thus it is possible to see that personal troubles of elder care extend beyond individuals and families to these major social institutions, and to consider evidence bearing on the thesis that the origins of problems in the social provision of elder care are found in the ideological and structural conditions which influence family caregiving for frail elderly kin.

Chapter 3. Research Methods

Introduction

Four distinct methodological approaches, both quantitative and qualitative, were used to obtain and analyze information in support of the thesis arguments advanced in this study. These methods included: (1) Analyses of demographic and labour force trends influencing the organization and provision of elder care in Alberta and other regions of Canada; (2) Survey research with two large representative samples of adults in the Alberta population in 1991 and 1992; (3) Analyses of family-related benefits in private and public sector labour agreements of unionized employees in Alberta and the rest of Canada during 1991 and 1992; and (4) Analyses of recent Alberta Government social policy documents with clear implications for the social provision of elder care by individuals and families in this Canadian province.

Analyses of population and labour force trends, especially those related to population aging, Alberta families, and women's labour market activities, are necessary in order to show that arguments that emphasize women's increased rates of labour force participation fail to take into account other demographic, social, and political trends which influence supplies of potential family caregivers and structural arrangements for the provision of elder care. Population and labour force trends influencing the provision of elder care are analyzed from current federal and provincial government documents, and a review of recent literature on the subject. Particular attention is directed toward delineating relationships between population aging and changes in women's labour market activities, in so far as these trends influence relations between needs for elder care and supplies of female family caregivers, and point to other factors influencing these relationships.

Relationships between employment and elder care were explored through survey research with representative samples of Alberta's adult population in 1991 and 1992. Data were obtained on the

prevalence of adult Albertans' involvement in elder care among adult Albertans classified by gender, labour force status, and other socio-demographic characteristics; the types and frequencies of elder care provided; impacts of elder care on employed caregivers' absenteeism, job performance, and plans to change work arrangements; employment conditions influencing the provision of assistance to elderly relatives; and public opinion about the desirability, and presence, of workplace provisions for employees with family responsibilities for elder care.

Information on the nature and extent of family-related benefits for unionized employees in Alberta and other provinces of Canada was obtained from three primary sources. The Personnel Administration Office of the Alberta Government (1991) provided information on family-related benefits and employee assistance programs available to Alberta Government employees as a means to assist them in "balancing work and family responsibilities". Staff of Labour Canada's Information Bureau prepared a tabulation of family related leave provisions in collective agreements applicable to employers with 500 employees or more in all industries of Canada as of March 1991 (Canada, 1991d). The Canadian Union of Public Employees (CUPE), the largest public sector union in Canada, provided detailed tabulations of family related leave benefits for all public sector employees covered under CUPE agreements in 1992.

Alberta Government social policy documents were selected on the basis that they addressed and reflected current trends in social policy and initiatives by the state toward Alberta families, senior citizens, women, and the provincial labour force. Guiding principles and priorities for the development and implementation of social policy, and specific government programs targeted to families, seniors, and women were analyzed in terms of their implications for employed caregivers of elderly people. The primary sources for these policy documents were The Premiers Council in Support of Alberta Families, The Seniors Directorate of the Alberta Ministry Responsible for Seniors, the Seniors Advisory Council for Alberta, the Alberta Advisory Council on Women's Issues (AACWI), the

Women's Secretariat of the Alberta Government, Alberta Health, and the Personnel Administration Office (PAO) of the Alberta Government.

In what follows, detailed information is provided about the research methods used in the study.

Alberta Government Social Policy Documents

Focusing on the impact of the state on the provision of elder care by families, I sought to understand how the state actively shapes the direction and content of social policy so as to foster a certain configuration of relationships between the state, employers, and families in the provision of this care. As Finch points out (1989: 123), "Governments have a vested interest in defining what structures of support should exist in families, and how people should think about their family responsibilities". In this study, it was essential to consider what model of "the family" informed social policy in Alberta, what assumptions and expectations about women and family care of the elderly were contained in social policies targeted toward Alberta families, however defined, and how public policies about families and elderly people were concerned with drawing boundaries between the state and the family and defining the relations between each in the provision of care. Recognizing that these boundaries are fluid and shift over time, I sought to determine if there was a discernible trend in social policy toward "supporting the family" in order that responsibilities for elder care would be increasingly shifted away from the state and toward individuals and families.

Five general criteria determined the selection of Alberta social policy documents for analysis:

(1) The documents reflected the values, principles, and assumptions guiding the development and implementation of social policy in Alberta;

(2) The documents indicated trends by the state in creating or modifying existing relationships between the state and families for the provision of care for elderly people;

(3) The documents explicitly addressed aspects of social policy in Alberta targeted toward families, senior citizens, women, or workers in the labour force;

(4) The documents had been published by the Alberta Government from the late 1980s to the early 1990s, and hence coincided in time period with other information used in this study; and

(5) The documents were accessible in the public domain.

My task in this arena was considerably eased by a recent plethora of social policy documents emanating from two newly created government bodies in Alberta. Under the leadership of Conservative Premier Don Getty, *The Premier's Council in Support of Alberta Families*

> "was established in March 1990 as part of several government initiatives to support Alberta families, to ensure that families remain strong and those in crisis receive the support of a caring society. The role of the Council is to advise the government on how its policies, programs and services may affect family life in Alberta and to ensure attention is given to the needs of families in all public policies". (Alberta Government, 1991c: 4)

Soon after its establishment in 1990, the Premier's Council released a series of policy documents on Alberta families which elaborate on the principles and assumptions guiding social policy in this province. Building on the 1988 policy document entitled, *"Caring and Responsibility: A Statement of Social Policy for Alberta"*, the Premier's Council elucidated the Conservative government's assumptions about the importance of Alberta families in a "caring society". A "Family Policy Grid" was created to serve as a conceptual framework for developing and assessing all provincial government policies affecting families (Alberta Government, 1992). It is on the basis of this grid that future relationships between the state and families in Alberta for the care of frail elderly people will supposedly be developed and rationalized.

In 1991, the Alberta Government created a new *Ministry Responsible for Seniors* and continued to support the existing *Senior Citizens Advisory Council for Alberta*. Both of these state-organized bodies have issued social policy documents which identify concerns about the current and

future care of older people and needs for support of "informal" family caregivers of the elderly in this province. From these sources I was able to gain insights about how seniors in this province view relationships between families and the state in the provision of care, and how public policies toward seniors in Alberta may impact on family caregivers in the labour force. However, in a move to "downsize" and restructure the Alberta Government, newly elected Conservative Premier Ralph Klein abolished the Ministry Responsible for Seniors in February, 1993. This left the Seniors Advisory Council as the only government body with a specific mandate to represent the concerns of seniors in the formation of public policy.

In 1988, the Alberta Women's Secretariat conducted a *Dialogue on Economic Equity for Women* "to learn what Albertans had to say about the priorities, challenges and issues now facing women, both in the home and the workplace" (Alberta Government, 1989b: 1). The *Dialogue* was intended to garner a cross-section of public opinion about ways to enhance women's economic and social equality in Alberta society, and to reflect the principles and guidelines described in *Caring and Responsibility: A Statement of Social Policy for Alberta* (Alberta Government, 1988b). From the report summarizing the results of the *Dialogue* survey, I was able to document what 200 women had to say about their intersecting roles as family caregivers, workers in the labour force, and citizens of Alberta.

The Personnel Administration Office (PAO) of the Alberta Government was another important source of information about public policies and state initiatives shaping relationships between the state and families in Alberta. The Minister of Labour at the time this study was initiated, Elaine McCoy, was also the Minister responsible for the Personnel Administration Office and the Alberta Women's Secretariat. This unusual configuration of ministerial responsibilities, coupled with the overall thrust within the provincial Progressive Conservative party toward "strengthening Alberta families", created an environment in which McCoy encouraged civil servants to examine issues of "balancing work and family" among public sector employees. In an unprecedented move for the provincial government, the

Alberta Government forged a link with the Alberta Union of Public Employees (AUPE) in order to conduct a *Balancing Work and Family Survey* in November 1990. About 18,600 public sector employees responded to this questionnaire. Results were compiled by the Population Research Laboratory (PRL) of the University of Alberta, which helped to design the questionnaire, and summarized in a widely distributed report (Alberta Government, 1991e). This report provided further insights on relationships between the state as employer and public sector employees who provide care for elderly relatives.

Family - Related Benefits in Labour Agreements

A number of methodological challenges were encountered in attempting to answer questions about the employment conditions under which unionized women and men in Alberta integrate employment with family caregiving for elderly relatives. Not the least of these difficulties was the limited information on elder care and employment issues found among representatives of unionized employees in Alberta, politicians, public policy makers, the popular press, and the general public. While the provision of care for elderly people is sometimes acknowledged as an important public and private issue for Albertans, typically elder care is not linked to economic policies and labour market trends, or identified as a rationale for employers to grant benefits to employees in the provincial labour force. Personal accounts of how elder care causes individual workers to change their work arrangements or to leave the labour force are readily found, but there is little evidence that these difficulties are seen as more than "private troubles" to be resolved by individuals and families. Still, what does emerge from discussions with people in various stakeholder groups is a growing awareness that elder care is an important issue for some employed people, that it may affect even more Albertans in future, and that unions are beginning to consider elder care as an issue to be recognized in negotiating family-related benefits for the employees they represent.

In addition to limited discussions of employment and elder care, there is no previous research which explicitly identifies elder care as a legitimate rationale for providing employment benefits in Alberta. My hunch, however, was that there was some implicit support for these ideas among the Alberta population, even though they are not expressed in these terms. To explore this possibility, I designed two measures of public opinion about taking time away from paid work for elder care and support for flexible work arrangements and other employment benefits to allow employees to do so. These questions asked Albertans to indicate on a scale from 1 to 7 how strongly they agreed with each of these statements: "People should take time away from paid work to help an elderly relative", and "Employers should provide flexible working hours and other work arrangements to allow employees to care for elderly relatives". I was particularly interested to know if the opinions of women and men substantially differed in response to these statements.

To determine the employment conditions which may influence how Albertans integrate elder care with labour market activities, I needed to know what provisions for elder care are contained in public or private sector labour agreements with negotiated family-related benefits, and whether employees can conceivably use other family-related benefits for elder care reasons. My task became one of locating detailed information about the nature and extent of family-related benefits in private and public sector agreements applicable to workers in Alberta in 1991 and 1992, and assessing the relevancy of these provisions, if any, to workers with elder care responsibilities. More specifically, I sought to determine which workers had what family-related benefits, and the extent to which family-related benefits differed between private and public sector workers in the Alberta labour force.

After contacting the Edmonton area offices of several national and provincial unions and finding that they had little collated information on this subject, I contacted the Information Bureau of Labour Canada and requested information on family-related benefits in current (1991) private and public sector agreements in Canada. Noting that I was particularly interested in benefits that could potentially apply to workers with family responsibilities for elder care, consultants with Labour Canada specially

tabulated a summary of 1,224 collective agreements applicable to employers with 500 employees or more in all industries in Canada as of March 1991 (Labour Canada, 1991). From this tabulated summary I extracted information on the following variables: (1) number of collective agreements in Canada with or without provisions for family related leaves; (2) number and percentage of employees in organizations with 500 or more workers with or without family related leave provisions in their collective agreements; and (3) the nature (paid, unpaid, none) of family - related leave provisions by employer, type of industry, and union in Canada as of March, 1991.

In February, 1992 I contacted Morna Ballantyne, Senior Research Officer of the Canadian Union of Public Employees (CUPE), and inquired whether CUPE could make available any information relevant to workers with family responsibilities for elder care. In response to my request, staff in the national CUPE office in Ottawa prepared a list of all CUPE collective agreements with provisions for time off work due to illness in the worker's family. In the absence of any explicit references to elder care in existing CUPE agreements, in itself a very important finding, leave provisions for family illness were the most relevant negotiated benefit for workers' involved in elder care. A summary of the nature and frequencies of negotiated provisions for family-related leave was provided.

I expected that variations in these data would exist among private and public sector agreements with respect to the nature and extent of family - related leave provisions. More specifically, I hypothesized that public sector agreements were much more likely than private sector agreements to contain such provisions, and that public sector agreements would be more likely to guarantee that individual workers did not lose income or job security. Recent initiatives by the Alberta government in the area of "balancing work and family" encouraged me to believe that it would be in the public sector of Alberta, if anywhere in the province, that family-related benefits would be most fully developed.

The Alberta Survey

The annual Alberta Survey is a province-wide survey conducted by the Population Research Laboratory (PRL), Department of Sociology, University of Alberta. The 1991 Alberta Survey was the fifth in this annual series, and for the first time included questions on labour force activities and elder care. The 1992 Alberta Survey replicated some of these questions asked in 1991, and asked some new ones about impacts of work arrangements and workplace supports for employees with family responsibilities for elder care. Questions were designed to investigate inter-relationships between the provision of care for elderly family members, labour market activities, and employment conditions under which elder care is integrated with paid work.

In what follows, I describe the sampling design used for the 1991 and 1992 Alberta Surveys. Socio-demographic characteristics of the respondents to the 1991 Alberta Survey (N=1345) and the 1992 Alberta Survey (N=1,277) are identified, and measures used to obtain empirical evidence bearing on my research questions are presented. All Alberta Survey questions were reviewed and approved by a University of Alberta Ethics Committee prior to administration to the general public. Respondents were advised that their participation was voluntary, that their responses to survey questions would be kept confidential, and that they could discontinue the interview at any time.

In 1991, the questionnaire was pretested by trained interviewers on a total of 53 Edmonton area households. Minor modifications were made to the questionnaire before province-wide data collection in February and March, 1991. Thirty-one percent of the respondents were contacted after the interview for the purposes of verifying data or obtaining additional information. No significant discrepancies or irregularities in the data collection were identified upon follow-up (Kinzel & Odynak, 1991).

In 1992, the questionnaire was pretested by trained interviewers on a total of 47 Edmonton area households. Minor modifications were made to the work and elder care questions before province-

wide data collection in February and March, 1992. Twenty-three percent of the respondents were contacted after the interview for the purposes of verifying data. Once again, no significant discrepancies or irregularities were found (Kinzel, 1992).

Sampling Design, 1991 and 1992 Alberta Surveys

In 1991 and 1992, the population universe designated for telephone interviewing was all persons 18 years of age or older who, at the time of the survey, were living in a dwelling unit in Alberta that could be contacted by direct dialing. Both years, three samples were drawn from this population to cover the province: the City of Edmonton, the City of Calgary, and the remainder of Alberta ((Kinzel & Odynak, 1991; Kinzel, 1992).

Random digit dialing techniques were used to select the samples from computerized files of five-digit telephone banks covering all of Alberta. Samples for the City of Calgary, the City of Edmonton, and the remainder of the province were drawn from these files by selecting, with replacement, a simple random sample of banks for each area and appending a random number between 00 and 99 to each number selected (Kinzel, 1992). Trained interviewers called back repeatedly if contact with household members could not be made. This procedure resulted in a high response rate for both years of the study. In 1991, the response rates were 73.7% in Calgary, 71.1% in Edmonton, and 77.9% in the rest of Alberta (Kinzel & Odynak, 1991). The 1992 Alberta Survey obtained response rates of 75.5% in Calgary, 74.1% in Edmonton, and 77.9% in the rest of Alberta (Kinzel, 1992).

The Alberta Survey samples are stratified so that approximately equal numbers of respondents are drawn from the City of Edmonton and the City of Calgary, with the remainder located in other areas of Alberta. The Edmonton area is purposely over-sampled to permit comparisons with previous Edmonton Area studies. The total sample is also stratified by sex so as to ensure an approximately equal selection of male and female respondents. Weights are then applied to the sample so that the data reflect the current distribution of the provincial population in Edmonton, Calgary, and the rest of

Alberta. Only weighted data are used in statistical analyses of information obtained from survey respondents.

Sample Characteristics, 1991 Alberta Survey

A total of 1,345 adult Albertans 18 years of age and over were interviewed by telephone in February and March, 1991. Table 1 summarizes certain socio-demographic characteristics of the respondents to the 1991 Alberta Survey. These characteristics include sex, age group, marital status, area of residence in Alberta, ethnicity, religion, education, occupational group, individual and household income in the previous 12 months, employment status, and employment status of the respondent's spouse/partner.

The 1991 Alberta Survey sample was comprised of 662 men and 683 women. The mean age of male respondents was 38.8 years, while the mean age of females was 42.4 years. Ages ranged from 18 to 98. The majority of men and women interviewed were married. Yet 23% of males and 16% of females were single, never married persons. Women were more likely than men to be widowed (9% versus 2%), but there were no significant gender differences in the percentages of respondents who were separated, divorced, or living in common-law arrangements. Compared to recent Statistics Canada census data on the Alberta population (Statistics Canada, 1990c), the sample is representative of the age composition and marital status of the Alberta population (Kinzel & Odynak, 1991).

With regard to area of residence in Alberta, 25.5% of respondents were Edmonton area residents, 28% were Calgary area residents, while the remaining 46.5% resided in other areas of the province.

The ethnic origins of respondents were coded according to Statistics Canada's general categories of ethnicity (e.g. "British origins", "Asian origins", or "Eastern European" origins). Classified in this way, the largest group of respondents said that their ethnic origins were "European"

(31%).[1] They were followed by those who claimed to have "Canadian origins" (28%) or "British origins" (28%). All other ethnic groups were relatively underrepresented in the 1991 Alberta Survey sample. Notably, about 3% of the sample was composed of Aboriginal peoples of Alberta.

When asked, "What is your religion, if any?", the most commonly received answer was that the respondent was affiliated with the Roman Catholic church (23%). However, 18% had no religious affiliation. The greatest number of Protestants were members of the United Church (17%), the largest Protestant denomination in Canada. Overall, members of various Protestant denominations accounted for at least half of all those surveyed. However, there were very few members of Islamic religious groups or of the Jewish faith in the sample.

A high school diploma was the highest level of education achieved by most respondents. Yet almost a third had completed a post-secondary training course, while 26% had some university education up to, and including, graduate level degrees.

Statistics Canada occupational codes were used to classify the occupations of respondents. The largest occupational group consisted of clerical workers (18%), followed by managers and administrators (12%), those in service occupations (11%), sales occupations (10%), and construction trades (7%). Self-employed farmers and farm labourers composed 7% of the sample.[2] Just over 6% were employed in medicine and health-related occupations, and 5% of all respondents were teachers.

Occupational gender segregation was clearly evident, as women comprised the majority of workers in clerical, service, sales, health, and teaching occupations. Male respondents were more likely to be managers or administrators, farmers, natural scientists, engineers, mathematicians, in construction trades, or operators of transport equipment. The distribution of men and women across

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[1] 12.5% traced their ethnic identities to western European countries, while 7% linked their ethnicity to eastern European countries such as Poland, Hungary, and Ukraine. About 6% of respondents identified their ethnicity with the northern European countries of Norway, Sweden, and Denmark.

[2] Of the 2.4 million people in Alberta, 7.7% were classified as farm residents at the time of the 1986 census (Alberta Agriculture, 1990).

occupational groups in Alberta closely parallels that found in the Canadian labour force in 1991. That year, among males in Canada, 29.4% were employed in managerial or professional occupations, 5.8% had clerical jobs, 9.5% worked in sales occupations, 10.5% had service sector jobs, while 44.8% had other occupations including primary sector occupations such as farming, hunting, fishing, and trapping; processing occupations; construction trades; transport equipment operating jobs; and other occupations not elsewhere coded. The distribution of women across occupational groups also reflects patterns found among women throughout the Canadian paid labour force. For comparative purposes, it is noted that 34.3% of women in the Canadian labour force in 1991 were in managerial or professional occupations, 29.3 were clerical workers, 9.9% worked in sales occupations, 16.7% were in service jobs, and the remaining 9.8% were in other types of occupations (Canada, Statistics Canada, Labour Force Annual Averages, 1991 (cat. no. 71-220).

Women had dramatically lower individual incomes in 1990, the year prior to the survey, than did men in the sample. The median individual income for women ranged from $12,000 to $13,999 per annum, while 50% of the men earned at least $30,000 in the 12 months prior to participating in the 1991 Alberta Survey. Annual household incomes also differed significantly between men and women in the sample. The median and mean household income among female respondents ranged from $34,000 to $35,999, while the median household income among males ranged from $50,000 to $54,999 in the same time period.

Overall, 86% of all male respondents and 63% of all female respondents were in the labour force. These labour force participation rates compare favourably with the provincial labour force participation rates of 79.0% among males, 64.2% among females, and 72.3% for both sexes in February 1991 (Alberta Statistical Review, 1991; Table 2.8, 19).

Seven out of ten men surveyed were employed full-time, 7% were employed part-time, and 8% were unemployed and looking for paid work. The comparable figures for women were 36% employed

full-time, 20% employed part-time, and 7% unemployed and looking for paid work. Men clearly dominated the ranks of all full-time workers surveyed, while women formed the majority of part-time employees in the sample. Consistent with the age and sex composition of the sample, twice as many women than men were retired (18% vs. 9%). Women were also twice as likely to have a spouse who was retired (15% vs. 7%).

Among the 868 respondents with a spouse or partner, most spouses/partners were employed on a full-time basis (59%). This was especially the case among women; 75% of their husbands/partners worked in full-time jobs (compared to 43% of the wives/partners of men in the sample). On the other hand, men were more likely than women to have a spouse who was employed on a part-time basis (20% vs. 3%). Almost one quarter (23%) of the men surveyed said that the primary activity of their spouse/partner was "keeping house".

Sample Characteristics, 1992 Alberta Survey

A total of 1,277 Albertans participated in the 1992 Alberta Survey. Table 2 summarizes selected socio-demographic characteristics of the 626 men (49%) and 651 women (51%) who comprised the 1992 Alberta Survey sample. The median age of all respondents was 37 years, with ages ranging from 18 to 91. Over half (55%) of all men and women interviewed were married. However, one quarter of the men and a fifth of the women were single, never married persons. Women were more likely than men to be widowed (9% versus 2%), the same proportions found in the 1991 Alberta Survey sample. There were no significant gender differences in the percentages of respondents who were separated, divorced, or living in common-law arrangements.

The socio-demographic characteristics of the 1992 Alberta Survey sample do not differ significantly from those of the 1991 Alberta Survey respondents when compared on the basis of ethnicity, religion, level of education, occupation, individual and household incomes in the past 12 months, employment status, and employment status of spouses/partners. Moreover, compared to post-

census annual estimates of the Alberta population by age, sex, and marital status as of June 1, 1991 (Statistics Canada, 1991), the sample adequately reflects the provincial population from which it was drawn (Kinzel, 1992). Labour force participation rates among the 1992 sample also compare favourably with the provincial labour force participation rates reported in *The Labour Force Survey* of March 1992 (Statistics Canada, 1992; Table 2, p. B-12). [3]

Measurement Issues

Prevalence of Caregiving

In recent years, questions have been raised about how research methodologies of past studies have impacted the accuracy and relevance of elder care data for public policy and corporate human resource planners (Gonyea, 1992). Two key questions have become the subject of intense debate: (1) What is the prevalence of elder caregiving among women and men in the paid labour force? and (2) What are the impacts of elder care responsibilities on these workers? To these two queries, may be added the central question of whether the prevalence of caregiving and the impacts of elder care vary according to the gender, employment status, and other socio-demographic characteristics of employees in the labour force.

Wide variations in prevalence estimates of elder caregiving are a fundamental problem facing researchers and stem from a lack of consensus as to what constitutes caregiving. Why is this important? As Stone (1991: 725) argues in an editorial published in *The Gerontologist*,

> [...] Failure to recognize important differences in definition...would cause policy makers to greatly underestimate the costs of an unpaid leave policy that extends benefits to part-time workers and those providing broader assistance than just ... [personal care]. On the other hand, the use of the larger estimate would greatly exaggerate the magnitude of the problem if the policy were designed to target benefits only to those workers with active caregiving responsibilities...The choice of definition greatly influences the number of family

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[3]According to the Labour Force Survey conducted by Statistics Canada in March 1992, 78.8% of men between the ages of 15 and 64 years residing in the province of Alberta were in the labour force, as were 64.2% of women in this age group. The labour force participation rate for both men and women in Alberta was 71.5% in March 1992.

caregivers, the magnitude of burden on individuals, families, employers, and society, and the costs of different policy options.

It is uncertain whether employed caregivers differ substantially from non-caregivers in the labour force, or from caregivers not in the labour force, or if the prevalence of elder care responsibilities is higher among employed women than men. While Alberta government social policy documents bolster images of women as the "traditional family caregivers", there are no Canadian prevalence data available obtained from representative, population based samples which support the assumption that the prevalence of elder caregiving is higher among women than men, in or out of the labour force.

Accurate prevalence estimates require clear and consistent sampling criteria, as well as sampling methodologies which maximize response rates while minimizing disincentives for non-caregivers to participate. Wide variations in prevalence rates are evident in studies conducted the United States, with estimates ranging from as little as 2% of the work force to more than a third (37%) of all workers (Gorey, Brice & Rice, 1992). However, it has become increasingly clear that several methodological factors are influencing the obtained prevalence rates. As Gorey, Brice & Rice (1992) demonstrate in their meta-analysis of 17 work and elder care cross-sectional surveys, about half (50.5%) of the variance in prevalence rates can be explained by two factors - the study's achieved response rates and the chosen operational definition of elder care. Not surprisingly, their analysis revealed that the lower the response rate and the broader the definition the more likely a higher prevalence rate would be obtained. For example, they found that the mean prevalence rate for studies that had a 60% or greater response rate was 7.4%. In contrast, the mean prevalence rate for studies with less that a 60% response rate was 25.3%. Based on their analysis, they estimate actual prevalence rates to be around 6%, with rates for individual worksites ranging from less than 4% to more than 15%.

Even so, in worksite studies which use the same definitions of elder care and achieve similar response rates, very different prevalence rates are still found. These differences are attributed to the predominance of male or female employees in different organizations and the gendered division of

labour. At one site, where the work force was 75% male, only 4% of employees mentioned caring for an elder, while at another site with approximately 60% female workers about 13% reported elder care responsibilities (Gonyea, 1992).

Prevalence estimates are further undermined by a lack of clarity and consistency regarding the operationalization of the term "caregiver" (Scharlach, 1991). As Stone (1991: 724) observes, "There is no consensus among researchers, policy makers, service providers, caregivers, or care recipients themselves as to what constitutes family caregiving. And the definition of family caregiver varies widely." According to Gorey et al., (1992), sample bias due to non response and differences in operational definitions of elder caregiving account for nearly half of the variability in reported prevalence. Controlling for these factors, they state that "it is probably reasonable to assume that *at least 8%* of the work force has some elder care responsibilities" (1992: 414).

Most often, studies focus on particular family relationships: they are usually limited to the spouse (e.g. Fitting et al., 1986), or adult children (e.g. Brody et al., 1987; Horowitz, 1985; Matthews & Rosner, 1988; Scharlach, 1987). Very specific definitions include, for example, a married daughter providing help to an elderly widowed mother living in the community (Brody & Schoonover, 1986), or pairs of sisters (one employed, one not employed) with at least one of their parents age 75 or older living in the community (Matthews & Rosner, 1988).

In some samples, selection of caregivers is based on characteristics of the elder, such as having a particular diagnosis or meeting certain functional criteria (Malonebeach & Zarit, 1991). Depending upon the particular study, "caregiver" status may be reserved for respondents taking care of someone whose age is ">55", ">60", "65", or of an unspecified age. Designating one's self as a caregiver determines inclusion in other studies.

A Conference Board of Canada study (MacBride-King, 1990a) found that 16% of those surveyed by the Conference Board reported that they or others in their household provided care to an

elderly, disabled or infirm family member; most (87.4%) of those requiring assistance from respondents were elderly. Another Canadian study of 14,549 employees in over 30 private sector organizations found that only 5.8% of respondents reported elder care responsibilities (Higgins, Duxbury, & Lee, 1992).[4] In contrast, the CARNET Work and Eldercare study of some 10,000 Canadian employees found that fully 41% of female employees and 45% of male employees reported having provided some assistance to an elderly relative within the past six months (Martin Matthews, 1992b). These variations can be largely attributed to the different definitions of "caregiver" used in each of these studies. Still, "caregivers" may not define themselves as such, while others consider themselves caregivers yet have little actual involvement (Malonebeach & Zarit, 1991).

The term "caregiver" has been used to denote individuals who perform any number, range, or intensity of helping activities, from anyone who ever helps a parent (or other relative) in any area, to someone who provides full-time, ongoing care for a frail elderly person. Clearly, given the wide variety of definitions used to identify family caregivers of the elderly, it is important to be explicit about the definition of family caregiving used in a particular study and to be cautious in comparing results of studies that have used different definitions (Stone, 1991).

Once classified as "caregivers", individuals so defined are remarkable for their heterogeneity. Pooling all caregivers without regard to these distinctions may obscure important findings, not the least of which are variations between, and within, gender groups. As Brody points out,

> Health, marital and economic status, living arrangements, geographic distance from the parent, personality, adaptive capacity, and quality of parent-child relationships vary. The caregiver may or may not be working. Her retirement or that of her spouse may be imminent or already have taken place. Meeting a parent's dependency needs may be concurrent with the "letting go" of one's young adult children. Or, the theoretically empty nest may contain young adult children who have not left it or have returned to it, a phenomenon that has been increasing. (Brody, 1985: 22-23)

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[4]However, employees with elder care responsibilities tended to be older and in higher job levels due to their seniority and experience (ibid.)

Types of assistance given by caregivers are typically classified as: (1) emotional support; (2) direct instrumental assistance (e.g. meal preparation; housecleaning; shopping; transportation; yard work; home maintenance); (3) personal care (e.g. bathing, dressing, feeding, grooming, special treatments, transfers, toileting); (4) banking and managing money; (5) direct financial assistance; and (6) coordination and linking with formal services and agencies (Gatz, Bengston, & Blum, 1990).

In the 1991 and 1992 Alberta Surveys, "caregiving" was defined so as to encompass emotional, financial, and instrumental (task based) support. That is, caregiving was seen to involve three distinct dimensions (i.e. emotional support, financial aid, and instrumental help) in the context of relationships between care-givers and care-recipients. This conceptualization of caregiving is consistent with that of Graham (1983: 13) who portrays caring as a "labour of love", and as "a concept encompassing that range of human experiences which have to do with feeling concern for, and taking charge of, the well-being of others" (1983: 13). In her view, caregiving demands "both love and labour, both identity and activity, with the nature of the demands being shaped by the social relations of the wider society" (Graham, 1983: 13-14).

In the absence of information about the functional abilities, needs for assistance, or other characteristics of persons receiving emotional support, financial aid, or instrumental help from respondents to the Alberta Surveys, it is not possible to define "caregivers" or "caregiving" on the basis of information obtained from care-recipients. This is an important theoretical and methodological consideration, for it is quite possible that those who receive such supports from their younger kin may not perceive this as evidence of caring. Further, it is also not possible to distinguish customary patterns of exchange relations between generations of family members from exchanges that arise from, and are perpetuated by, the functional limitations of frail elders. Certainly, all forms of human interaction which take place with older relatives do not necessarily constitute relations of caregiving and care-receiving. Recognizing the limitations of the Alberta Survey data in this regard, the self-reports of individual Albertans about their provision of emotional support, financial aid, or instrumental help will

be used to estimate the prevalence of caregiving among adult Albertans who participated in the 1991 and 1992 Alberta Surveys.

Considering instrumental forms of assistance, a task-based approach to measurement illuminates the importance of routine activities of daily living for the support of elderly people. This approach is especially appropriate in this study, for one of the most often identified areas of concern raised by Alberta seniors is their need for assistance with daily living activities (Seniors Advisory Council for Alberta, 1992b). Older Albertans consistently emphasize the importance of help with household chores, grocery shopping, snow removal, yard work, home repairs, meals, and transportation as ways to maintain their independence and well-being (Seniors Advisory Council for Alberta, 1992b).

Division of caregiving work into specific tasks permits comparisons of the frequency and duration of work that caregivers perform. These distinctions are necessary in order to differentiate caregivers who provide occasional emotional support or financial aid to elderly relatives from those who provide ongoing, labour intensive help with activities of daily living. In the latter case, it is possible to demonstrate that caregiving can be labour intensive, socially necessary work which has an important place in the continuing support of frail older people. This is what Waerness defines as *care-giving work*; that is

> services, help and support given on a consistent and reliable basis to persons who [...] are dependent, i.e. persons who cannot take care of themselves, [...] the children, the ill, the disabled and the old. (Waerness, 1984b: 71).

It is also the form of caregiving most commonly identified as "women's work", and which potentially impacts most heavily on the labour force activities of caregivers.

Measures, 1991 and 1992 Alberta Surveys

In the 1991 & 1992 Alberta Surveys, caregivers were identified by asking all members of the sample if they were currently providing an elderly relative with financial assistance, emotional support,

or other types of instrumental assistance such as help with household tasks, transportation, or personal care. Respondents who replied "yes" to this question were defined as family caregivers of elderly people. This broad definition of a caregiver means that it includes all those who stated they were currently providing *any* type of help to an elderly relative, irrespective of the type, frequency, duration, or intensity of this help or their specific relationship (e.g. daughter, son, spouse) to the care-recipient.[5]

Employed caregivers, a subgroup of all caregivers in the survey sample, were defined as those family caregivers who were employed on a full-time or part-time basis at the time they participated in the Alberta Surveys. Impacts of elder care on employment were measured only among this subgroup of the total sample.

Caregiver characteristics measured in both surveys included respondents' sex, age, marital status, responsibilities for child care, location of residence, ethnicity, religion, education, occupation, individual and household income in the past 12 months, and employment status (full-time, part-time, other). The 1991 Alberta Survey also determined whether or not respondents were members of unions or professional associations.

The 1991 Alberta Survey included nine questions designed to assess six sets of variables related to employment and caregiving for elderly family members. These variables were: (1) the prevalence of elder caregiving among a representative sample of adult Albertans and, in particular, among Albertans in the provincial labour force; (2) types of help currently provided to elderly relatives; (3) past and present impacts of elder care on employment; (4) public opinion on taking time away from paid work for elder care; (5) public opinion on workplace supports for employed caregivers; and (6) caregiver characteristics. The questions used to obtain information on the first five variables are contained in Figure 1.

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[5]The conceptual and methodological limitations of adopting this broad definition, without information about the characteristics of care-recipients, the meanings ascribed to these "caregiving" activities, and the quality of these relations are recognized here and elsewhere in this chapter.

Similarly, the 1992 Alberta Survey included eleven questions designed to assess five sets of variables related to employment and caregiving for elderly family members. The variables were (1) the prevalence of caregiving for elderly family members among a representative sample of adult Albertans and, in particular, among Albertans employed in the labour force; (2) types and frequencies of help provided; (3) impacts of elder care on employment; (4) workplace supports for employed caregivers; and (5) caregiver characteristics. The questions used to obtain information on the first four variables are listed in Figure 2.

The percentage of the Alberta Survey samples providing any type of care for elderly relatives at the time they were interviewed was used to estimate the *prevalence of elder caregiving* among the adult population of Alberta. It is recognized, however, that the adult population of Alberta is not the same as the provincial labour force, and a provincial estimate of the prevalence of elder care does not reflect the prevalence of elder care responsibilities among adult Albertans in the labour force. Hence, the percentage of the survey sample defined as caregivers who were also in the Alberta labour force at the time of the Alberta Surveys was used to estimate the *prevalence of caregiving* among workers in the provincial labour force.

Further, estimates of the prevalence of elder care responsibilities among all workers in the labour force do not provide an accurate estimate of the proportion of workers who have experienced employment problems due to elder care. That is, it cannot be assumed that all workers with elder care responsibilities experience difficulties in integrating their employment with elder caregiving, or that among those for whom elder care is problematic on their employment, these impacts are equally distributed. Clearly, for certain policy questions (e.g. How many Albertans are providing support to elderly relatives?) the first population estimate may be appropriate, while for others (e.g. Who will benefit from more flexible work arrangements?), the smaller percentage of caregivers for whom elder care results in problems, such as absenteeism from paid work, is more accurate.

The 1991 and 1992 Alberta Surveys recorded the types of practical assistance Albertans provided to elderly relatives. This information was obtained by asking those respondents who had identified themselves as providing help for elderly relatives to indicate the specific types of help they were providing. As Figures 2 and 3 show, eight different types of instrumental help were coded in addition to emotional support and financial aid. In 1992, the frequencies (daily, weekly, monthly, less than monthly) each type of help given were also recorded.

Past and present impacts of elder care on employment were assessed by asking the women and men surveyed if, in the past 12 months, they had taken time away from a paid job to provide assistance to an elderly relative. Those who reported absenteeism from paid work for this reason were then asked to indicate the total number of work days that they had taken away from a paid job for elder care. In 1992, respondents were also asked whether these absences had occurred without loss of pay.

Other potential impacts of elder care on employed caregivers measured (1) whether or not a worker had *quit a job* at some time in the past because of responsibilities to care for an elderly relative, and (2) *diminished work performance* attributed to elder care responsibilities. An *anticipated impact of elder care on employment* was measured in terms of expectations of changing work arrangements at any time in the future because of responsibilities to care for elderly relative(s).

In 1991, *public opinion on taking time away from paid work for elder care* was assessed by asking respondents to indicate the degree of their support for the statement, "People should take time away from paid work to help an elderly relative". Similarly, *public opinion on the need for workplace supports for employed caregivers* was assessed by asking respondents to indicate the degree of their support for the statement, "Employers should provide flexible working hours and other work arrangements to allow employees to care for elderly relatives".

In 1992, *anticipated impacts of elder care on employment* were derived from three measures: (1) perceived likelihood of changing hours of work due to elder care responsibilities; (2) perceived

likelihood of changing jobs due to elder care responsibilities; and (3) perceived likelihood of quitting a job due to elder care responsibilities.

That year, *workplace supports* for employed respondents were also assessed on the basis of four measures: (1) the receipt of paid or unpaid leave for work absences related to elder care; (2) perceived degree to which the nature and benefits of currently held jobs made care for elderly relatives easy to provide if the occasion arose; (3) perceived job flexibility in the event that time off was needed to help elderly relatives; and (4) perceived supportiveness of employers toward employees with family responsibilities for elder care.

Strengths and Limitations of the Alberta Survey Data

The design and content of the 1991 and 1992 Alberta Surveys possess several strengths which overcome major substantive and methodological limitations of previous research on employment and elder care. As a provincial survey which samples individuals from all regions and socio-economic backgrounds in the province, it is unique in its sampling design among social surveys in Canada. No previous employment and elder care studies conducted in Canada, and possibly anywhere in the world, have been based on representative samples of provincial, regional, or national populations of a country. The representativeness of the Alberta Survey sample is a key strength of the data obtained on employment and elder care.

The design, composition, and large size of the 1991 and 1992 Alberta Survey samples mean that, for the first time, it is possible to generalize findings about elder care and employment beyond a narrowly defined population universe to an entire adult population of a Canadian province. And, in contrast to previous studies which have generally limited themselves to specific corporate worksites, to certain portions of the employee population within these corporations, and primarily to white collar employees in high technology private industries (Scharlach, 1991), the sampling design of the Alberta Surveys allows the researcher to generalize findings, with 95% confidence, to the entire provincial

labour force. Representative samples of adults who are employed in a wide variety of work settings representative of the labour force as a whole are essential if researchers are to address fundamental questions about the prevalence of elder caregiving among employed women and men, and certain interrelationships between employment and elder care.

Accurate estimates of the prevalence of caregiving require clear and consistent sampling criteria, as well as sampling techniques which maximize response rates while minimizing disincentives for non-caregivers to participate (Scharlach, 1991). In both respects, the sampling design of the Alberta Survey permits accurate prevalence estimates of caregiving in the general population of Alberta. The use of repeated call-backs to telephone numbers selected in the sampling frame resulted in high response rates (averaging 75%) for both the 1991 and 1992 Alberta Surveys.[6] As the sample design did not specify that individual respondents be selected on the basis of their caregiver status, there were no incentives or disincentives for caregivers / non caregivers to participate in the study.

Given the comprehensiveness of socio-demographic data obtained from participants in the Alberta Surveys, it is also possible to disaggregate two key classificatory variables, "caregiver" and "employee", central to this study. While many studies fail to clearly define these terms or to distinguish among individuals classified as "caregivers" or "employees", the Alberta Survey data allow the development of detailed socio-demographic profiles of individuals defined as caregivers, employees, or both. For example, respondents defined as caregivers can be distinguished on the basis of their age, sex, marital status, employment status (full-time, part-time, unemployed, retired, or not in the labour force), education, occupation, income, unionization, and industry of work. Full-time and part-time employees who have elder care responsibilities can be compared in terms of their attitudes about elder care, the nature of their caregiving involvement, and the impacts of elder care on their absenteeism from

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[6]It is possible that non-respondents were more likely to be caregivers, but there is no evidence to suggest that this occurred.

paid work. Absenteeism rates of full-time employed caregivers can also be compared with absenteeism rates among full-time paid workers in the Canadian labour force.

Further, "caregivers" can be distinguished in terms of the types and frequencies of assistance they provide to elderly relatives, and these characteristics can be correlated with socio-demographic characteristics to determine if patterns of care vary in relation to these characteristics. The Alberta Surveys afford a richness of empirical data about large numbers of individuals who vary considerably in terms of their identities as "employees" and/or "caregivers". This is new information, not previously accessible from studies conducted with small, non representative samples that have consistently failed to document the sociodemographic and labour force differences among individuals who inhabit these intersecting social roles.

However, the Alberta Surveys are not without methodological limitations. The cross-sectional design of the 1991 and 1992 Alberta Surveys means that it not possible to study dynamic relationships between employment and elder care which develop over time. As respondents were interviewed at only one point, it is not known whether their involvement in elder care began, decreased, intensified, ended, or otherwise changed over time. Nor can it be assumed that respondents' opinions on issues of elder care will not change, or that they may decide in future to quit their paid jobs, return to the labour force, or change their work arrangements due to family responsibilities for elder care. In sum, cross-sectional data do not speak to the life-time chances and experiences of providing care -- that is, they do not include people who have provided elder care in the past or will do so in the future as they and their older relatives age. It may be the case that, at some point during adulthood, the majority of women and men provide some care for a frail elderly relative (Spitze & Logan, 1990).

Within each family network, the types of care provided may be highly diversified, and the number of tasks performed by any one family member may vary considerably from those provided by other caregivers. The amount of help provided is often directly related to the level of the older person's

functional disability (Brody, 1986: 373). Among other relevant variables said to influence the nature of care provided are family structure, the quality of the relationship between an elderly person and her/his caregiver, economic resources, other demands on family members' time and energy, and urban/rural, socio-economic, and ethnic factors (ibid). Unfortunately, these factors were not addressed in the Alberta Surveys, nor was information collected on the needs, abilities, and socio-demographic characteristics of the elderly persons receiving care from respondents in the survey samples.[7] These are a significant shortcomings of this study given that the nature of a caregiver's involvement is better understood if studied in relation to the needs of the recipient.[8]

In addition, further constraints on the interpretation of findings can be traced to the failure to assess the type (e.g. spouse, daughter, son) and quality of relationships between family caregivers and care-recipients. Nor were data collected from all family members providing care to elderly relatives even though more than one person may help the same elderly person, some may help more than one elderly relative, and family members' sex, family position, or age may influence the nature of their involvement in caregiving. In short, the reliance on individual measures rather than ones that refer to dyads or networks of social relationships limit the insights that may be gleaned about familial relationships influencing the social provision of elder care. Caregivers are usually studied individually rather than in relation to care-recipients, or to the complete social support network involved in assisting elders (Matthews, 1987). Undoubtedly, relationships among caregivers and care-recipients influence the nature and extent of help provided by larger kin networks, friends, community agencies, or institutions. There has been little systematic examination of the type and extent of involvement of secondary caregivers, nor conceptualization of the caregiving network at a systems level (Malonebeach & Zarit, 1991).

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[7]Studies which examine the needs, abilities, and socio-demographic characteristics of elderly persons receiving care in Canada include, for example, the 1985 and the 1990 General Social Surveys.

[8]Clearly, one elder's need for occasional help with yard work is significantly different from another's need for ongoing, daily assistance with personal care, in so far as the second situation requires a much greater commitment of caregivers' resources.

Finally, no information was collected about the involvement of friends, neighbours, or community volunteers in the provision of assistance to elderly people in Alberta. While friends and other non-relatives are known to provide substantial amounts of help in some circumstances, their involvement in caregiving activities was not examined. Rather, the 1991 and 1992 Alberta Surveys focus exclusively on the care provided by individual adult Albertans to their elderly relatives.

Nonetheless, the Alberta Surveys afford opportunities to develop a more in-depth understanding of the dynamic relationships between the social provision of elder care by individual women (and men) for their elderly relatives, impacts of elder caregiving on labour market activities, and public opinions about the need for, and availability of, workplace supports for employees with elder caregiving responsibilities.

Summary and Conclusion

This chapter describes the research methods used to obtain empirical evidence in support of the thesis arguments advanced in this study. The sources of data used include the 1991 and 1992 Alberta Surveys, tabulations of family-related benefits in collective agreements governing public and private sector workers in Alberta, social policy documents emanating from the Alberta government in the past five years or so, and analyses of population and labour market trends influencing the social provision of elder care. These social trends are the subject of the next chapter where it is argued that to focus solely on women's labour force activities as the primary cause of a current and future "caregiving crunch" simply does not make sense when confronted with the facts on contemporary Alberta women and families. Further, current demographic and social trends in Alberta appear incompatible with public policies emphasizing familial responsibilities for elder care and the importance of women's caregiving roles.

Table 1. Selected Sample Characteristics by Sex
1991 Alberta Survey

Variable	Males % (n=662)	Females % (n=683)	Both Sexes % (N=1345)
Age Group (Years)			
18-29	30 (201)	28 (188)	29 (389)
30-39	31 (206)	26 (178)	29 (384)
40-49	19 (126)	16 (112)	18 (239)
50-64	12 (77)	15 (99)	13 (177)
65+	8 (52)	15 (105)	12 (157)
Marital Status			
Single	23 (153)	17 (112)	20 (266)
Married	67 (446)	62 (423)	65 (869)
Sep./Divorced	8 (38)	12 (82)	10 (135)
Widowed	2 (11)	9 (64)	6 (74)
Area of Residence			
Calgary	29 (191)	27 (186)	28 (377)
Edmonton	26 (171)	25 (172)	26 (343)
Other city	16 (107)	15 (104)	16 (211)
Town/village	14 (95)	20 (135)	17 (230)
Rural area	15 (98)	13 (86)	14 (184)
Ethnicity			
Aboriginal	2 (15)	3 (20)	3 (35)
Asian Origins	4 (29)	4 (25)	4 (54)
British Origins	28 (185)	28 (189)	28 (373)
Canadian	27 (178)	30 (202)	28 (380)
European	33 (211)	30 (202)	31 (413)
Other Origins	7 (47)	6 (45)	7 (92)
Religion			
No Religion	22 (142)	15 (99)	18 (241)
Protestant	40 (267)	49 (333)	45 (601)
Roman Catholic	24 (159)	21 (143)	23 (302)
Other Religions	15 (101)	16 (108)	15 (201)
Highest Level of Education			
Elementary	3 (18)	2 (12)	2 (30)
High school	37 (246)	44 (298)	41 (544)
Post secondary	32 (213)	28 (193)	30 (406)
University	28 (185)	26 (178)	26 (364)

(continued)

Table 1. Selected Sample Characteristics by Sex (continued)

Variable	Males (n=662) % (n)	Females (n=683) % (n)	Both Sexes (N=1345) % (n)
Occupation			
Managers/Professionals	32 (212)	33 (225)	32 (437)
Clerical Occupations	5 (33)	32 (219)	19 (252)
Sales Occupations	9 (60)	11 (75)	10 (135)
Service Occupations	7 (46)	15 (102)	11 (148)
Other Occupations	47 (312)	9 (62)	28 (374)
Individual Income in Past 12 Months			
<$19,999	20	60	40 (518)
$20,000-39,999	41	23	32 (410)
$40,000-59,999	18	6	12 (152)
$60,000+	13	7	7 (96)
Don't know/no response	8	9	9 (115)
Median individual income for males= $30,000-$31,999			
Median individual income for females= $12,000-$13,999			
Median individual income for both sexes= $22,000-$23,999			
Household Income in Past 12 Months			
<$19,999	8 (52)	19 (115)	14 (167)
20,000-39,999	21 (135)	28 (166)	25 (301)
40,000-59,999	27 (166)	20 (118)	23 (284)
60,000+	35 (216)	21 (122)	29 (338)
Don't know/no response	9 (56)	12 (72)	11 (129)
Median household income for males= $50,000-$54,999			
Median household income for females= $34,000-$35,999			
Median household income for both sexes= $40,000-$44,999			
Employment Status			
Employed full-time	71 (473)	36 (243)	53 (716)
Employed part-time	7 (46)	20 (138)	14 (184)
Unemployed	8 (53)	7 (47)	7 (100)
Not in labour force	4 (28)	19 (130)	10 (158)
Retired	9 (62)	18 (125)	14 (187)
Employment Status of Spouse/Partner		**(N=868)**	
Employed full-time	43	75	59 (510)
Employed part-time	20	3	12 (102)
Retired	7	15	11 (91)
Other	30	7	18 (165

Figure 1. Work and Elder Care Questions, 1991 Alberta Survey

Using the 7 point scale where "1" is Strongly Disagree and "7" is Strongly Agree and you can choose any number between "1" and "7", how strongly do you agree or disagree that:

1. People should take time away from paid work to help an elderly relative.

Strongly Disagree						Strongly Agree	DK
1	2	3	4	5	6	7	8

2. Employers should provide flexible working hours and other work arrangements to allow employees to care for elderly relatives.

Strongly Disagree						Strongly Agree	DK
1	2	3	4	5	6	7	8

3a. Are you currently providing an elderly relative with any financial assistance, emotional support, or other types of assistance such as help with household tasks, transportation, or personal care?

yes (1) (ask 3b); no (2) (Go to 4a)

3b. What types of help are you providing?

(Check all that apply; Give examples from "a" above)

1)	financial assistance	_____
2)	emotional support	_____
3)	meal preparation	_____
4)	housecleaning	_____
5)	yard work	_____
6)	transportation	_____
7)	grocery shopping	_____
8)	banking	_____
9)	personal care *(e.g. bathing)*	_____
10)	home maintenance	_____

4a. In the past 12 months, have you taken time away from a paid job to provide assistance to an elderly relative?

yes (1) (ask 4b); no (2) (Go to 5)

4b. How many working days did you take to help an elderly relative? ____ days

5. Have you ever quit a job because of responsibilities to care for an elderly relative?

yes (1); no (2)

6. Has your job performance ever been negatively affected because of responsibilities to care for an elderly relative?

yes (1); no (2)

7. Do you expect to change your work arrangements at any time in the future because of responsibilities to care for an elderly relative?

yes (1); no (2)

Table 2. Selected Sample Characteristics by Sex
1992 Alberta Survey

Variable	Men (n=626) %	Women (n=651) %	Both Sexes (N=1,277) %
Age Group (Years)			
18-29	26	26	26
30-39	30	28	29
40-49	21	19	20
50-64	14	13	13
65+	9	14	12
Marital Status			
Single	25	20	22
Married	63	59	61
Sep./Divorced	10	13	12
Widowed	2	9	5
Area of Residence			
Calgary	28	28	28
Edmonton	26	25	26
Other City	16	14	15
Town/Village	16	18	17
Rural Area	13	16	14
Ethnicity			
Aboriginal	3	3	3
Asian Origins	6	3	4
British Origins	31	29	30
Canadian	26	24	25
European	26	33	31
French Origins	5	5	5
Other Origins	1	3	2
Religion			
No Religion	28	13	20
Protestant	40	47	44
Roman Catholic	24	28	26
Other Religions	8	12	10
Education			
Elementary	2	1	1
High School	42	47	44
Post Secondary	30	31	30
University	26	22	24

(continued)

Table 2. Selected Sample Characteristics by Sex (continued)
1992 Alberta Survey

Variable	Men (n=626) %	Women (n=651) %	Both Sexes (N=1,277) %
Occupational Group			
Managers/Professionals	30	29	30
Clerical Occupations	4	32	18
Sales Occupations	11	10	10
Service Occupations	8	18	13
Primary Occupations	10	4	7
Processing Occupations	14	3	8
Construction Trades	14	0	7
Transport Equip. Oper.	5	2	3
Other Occupations	4	3	4
Individual Income[9]			
< $19,999	21	51	36
$20,000-39,999	39	24	32
$40,000-59,999	20	6	13
$60,000+	9	2	5
Don't Know	11	17	14
Household Income[9]			
< $19,999	8	16	12
$20,000-39,999	23	20	21
$40,000-59,999	24	17	21
$60,000+	30	20	25
Don't Know	14	28	21
Employment Status			
Employed full-time	69	39	54
Employed part-time	9	20	14
Unemployed	9	9	9
Not in labour force	2	18	8
Retired	10	15	13
Employment Status of Spouse/Partner			
Full-time	45	80	62
Part-time	27	8	17
Retired	9	12	10
Other	19	<1	18

[9]In the past 12 months.

Figure 2. Work and Elder Care Questions
1992 Alberta Survey

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1. a. Are you currently providing an elderly relative with any financial assistance, emotional support, or other types of assistance like household tasks, transportation, or personal care?

yes .....1 **(ask b)**
no ..... 2 **(GO TO 2)**

b. What types of help are you providing and how often do you give this help? **(READ)**
(Give examples from "a" above)

CHECK HELP	Daily	Weekly	Monthly	Less than Monthly	None
___financial assistance	1	2	3	4	5
___emotional support	1	2	3	4	5
___meal preparation	1	2	3	4	5
___house cleaning	1	2	3	4	5
___yard work	1	2	3	4	5
___transportation	1	2	3	4	5
___grocery shopping	1	2	3	4	5
___banking	1	2	3	4	5
___personal care (*e.g. bathing*)	1	2	3	4	5
___home maintenance	1	2	3	4	5

2. a. In the past 12 months, have you taken time away from a paid job to provide assistance to an elderly relative?

yes .....1 **(ask b)**
no .....2 **(Go to 3)**

b. How many working days did you take to help an elderly relative?
_____ days

c. Was this time-off from work for elder care without loss of pay?
yes 1
no 2

3. **ASK IF WORKING (full or part-time) OTHERWISE GO TO NEXT SECTION.**

Thinking into the future, will responsibilities to care for elderly relatives possibly cause you ...

	YES	**NO**	**DK**
a. to change your hours of work (*shifts, full to part-time*)?	1	2	8
b. to take a different job?	1	2	8
c. to quit your paid job?	1	2	8

Figure 2. Work and Elder Care Questions
1992 Alberta Survey (continued)

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4. Using the "7" point agree-disagree scale where "1" is Strongly Disagree and "7" is Strongly Agree, please tell me how much you agree or disagree with the following:

a. The nature and benefits (*family related benefits, information and money*) of my job make it easier for me to care for elderly relatives (*if the occasion arose*).

Strongly Disagree						Strongly Agree	DK
1	2	3	4	5	6	7	8

b. My work is flexible enough to allow me time off if I need to provide some help to elderly relatives.

Strongly Disagree						Strongly Agree	DK
1	2	3	4	5	6	7	8

c. My employer is supportive of employees with family responsibilities for elder care.

Strongly Disagree						Strongly Agree	DK
1	2	3	4	5	6	7	8

Chapter 4. Elder Care in Context:

Population and Labour Force Trends in Alberta

> Canadian society has been facing a series of social, demographic and economic shifts that include a higher divorce rate, two-income families, increasing professional commitments for women and first pregnancies at later ages. These factors may not affect women's willingness to care for others. However, it may force them to use their time differently now than in the past to meet these increased demands and stresses in their lives.
>
> (Dowler, Jordan-Simpson, & Adams, 1992: 134)

Introduction

In debates about the future of welfare states and familial care of the elderly, two broad demographic and labour force trends appear particularly salient. In a groundbreaking article titled *"Women in the Middle" and Family Help to Older People*, Brody (1981: 471) describes these trends as "the greatly accelerated rate of increase in the very old population -- those who are most vulnerable to the need for care [and] the large-scale entry of women -- and not only young women -- into the work force". In her characterization of the "woman in the middle", Brody suggests that what these women share is a situation produced by major demographic shifts and changes in women's life-styles, phenomena which have been recognized and studied as independent trends, but less frequently examined in relation to each other.

In the ensuing decade, the implications of population aging and women's increased labour force activities for the care of frail older people have garnered more attention among social gerontologists, policy makers, and the popular press. However, linkages between these social trends are rarely explored in much detail. One exception, among the few that are to be found in the literature, is contained in a report on gender inequalities in caregiving in Canada by Dowler, Jordan-Simpson, & Adams (1992). In it, they identify three main factors they believe will affect the question of who will provide care to families in the years ahead, the first of which identifies women as *the* family

caregivers. The second factor is women's increased labour force participation, which they construe to mean that women "now have less time for the tasks they have traditionally handled". Running counter to these first two trends, in their view, is the phenomenon of population aging and the assumption that "it is women who look after aging parents" (pp. 125-126).

Women's increased labour force activities and population aging (with its implied relationship to needs for elder care) are not only linked in their paper, but seen as conflicting trends. This juxtaposition encourages the erroneous assumption that women's paid work activities are the primary source of problems in meeting needs for care among older people. Indeed,

> Women's outside-the-home employment poses challenges for parental care-giving in a society, like Canada, that expects and socializes women to be primary caregivers. Put in more concrete terms, how much care-giving can a 50 year old woman with a full-time, demanding job be expected to provide to potentially four frail parents and parents-in-law? (Gee, 1990a: 197)

Researchers and policy analysts alike have speculated for some time that increased labour force participation by women reduces their availability as family caregivers and forces elderly people to rely more on their own resources and on the welfare state (Brody, 1986; Steuve & O'Donnell, 1989; Treas, 1977).[1]

It has become almost a truism to state that, "*Because* women, the traditional family caregivers, have been entering the work force in record numbers, there is increasing potential for conflict between work and family responsibilities" (Barr, Johnson, & Warshaw, 1992: 509). In a similar vein, "concern about the capacity of families to sustain this care has been growing *because* women provide the bulk of the caregiving on which the elderly depend", state Anastas, Gibeau & Larson (1990: 405). And, according to Brody & Schoonover (1986: 372), "The rapid increase in labor force participation by women - particularly middle-aged women who are the traditional providers of care to widowed elderly

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[1]Treas (1977: 489), for example, reasons that "If so many mothers are willing to trust the care of small children to others in order to work, women are probably willing to delegate responsibility for the maintenance of aging parents as well. Likely their jobs provide wherewithal to pay for such care. These trends in women's roles outside the home portend a future in which the family can no longer offer day-to-day care to aged who can no longer care for themselves."

parents and the main helpers to the old with disabled spouses - poses significant questions as to the potential reduction or reallocation of filial care".

In Canada, Brown (1991: 16) predicts "increased demands for expanded elderly care facilities if women are forced to abandon or curtail their traditional roles as caregivers". In his view,

> the entry of middle-aged women into the paid labour force may decrease their ability to provide care to older family members. This may mean that such elderly dependents must rely on government-subsidized care to a greater extent. (Brown, 1991: 17)

Brown (1991: 117) warns, "While research has noted no decline in caregiving to date, this needs to be carefully monitored. A reduction in this provision of care would have serious cost implications for the health care system". In other words, women's involvement in paid work is rendered problematic and need to be "monitored" in case they lead to increased fiscal demands on the welfare state.

But this simplistic rendition of the problems surrounding structural arrangements for the provision of elder care is, at best, incomplete and fails to take into account other demographic, social, and political trends which shape and constrain caregiving for elderly people in Alberta and elsewhere. In order to gain an understanding of these larger structural forces and their attendant ideological underpinnings, it is necessary to take a closer look at what Northcott (1992) has termed the "rhetoric and reality of aging in Alberta", the changes and diversity among Alberta families (McDaniel, 1991), and patterns of women's labour force activities in this province. Moreover, attempts must be made to tease out the linkages between these demographic and social trends in ways that illuminate how they do, or do not, justify public policies which emphasize the provision of elder care by families (i.e. women) in Alberta. This chapter seeks to accomplish these goals.

Demographic Trends and Needs for Elder Care

Population aging has become a guiding paradigm for public policy in Canada (McDaniel, 1987). Consider, for example, the remarks of Ivan Fellegi, the Chief Statistician of Canada, quoted in a

1993 *Edmonton Journal*, article. According to Fellegi, "The inevitable and very predictable increase in the size of our elderly population in years to come clearly will necessitate changes in the country's existing social and economic policies, programs and institutions" (Beauchesne 1993: A1). Another such example is drawn from Anne Martin Matthews, Director of the Gerontology Research Centre at the University of Guelph, who predicts that

> The changing demographic profile of Canadian society is having a substantial impact upon the productivity, health and performance of *legions of Canadian workers*, not only those who are aging themselves, but also for those providing care and assistance to aged parents, other relatives, neighbours, and friends (Martin Matthews, 1992: 2).

A view of population aging as problematic is promoted by policy makers in Alberta who assert that, "One of the major challenges that Alberta faces is the aging of the population" (Alberta Government, 1992n: 2). Population aging is predicted to have far reaching effects on the health care system, pensions, the labour force, and structural arrangements for long term care of frail older people (Alberta Government, 1992b & 1992i). In the latter case, the spectre of population aging and high rates of consumption of health care services by (a minority of) elderly people are fodder for political arguments which emphasize the necessity of reducing public expenditures for care of the elderly. To illustrate, an opening paragraph of the Alberta Government's (1988) *New Vision for Long Term Care* reads:

> The concerns that arise from the growth in the number of elderly persons are accompanied by concerns about the high consumption of health care services among the elderly and about the increasing cost of institutional care. We must balance the cost of care and services to the elderly against resources. (Alberta Government, 1988a: 1)

Yet, as Northcott (1992) observes, there are some good reasons to be suspicious of a debt ridden government's political rhetoric about the "challenges", "problems", and "crises" arising from the aging of the Alberta population. In his view, "The "problem" is not the future aging of the Alberta population. Rather the problem is that Alberta's economy went into recession in 1982 and continues to struggle" (p. 88). The social provision of elder care is best understood within the context of the

political economy of Alberta, and the dominant political ideas and agendas guiding the development and implementation of public policy.

To sort out rhetoric from reality, and to establish a foundation for a more in-depth analysis of what are complex and interrelated social issues surrounding the provision of elder care, it is necessary to empirically examine demographic trends in Alberta. According to the 1991 census of Canada, the population of Alberta totalled 2,545,550 persons in June of 1991, with 80% of Albertans residing in urban areas of the province (Canada, Statistics Canada, 1992b, Table 2, p. 28). Overall, males slightly outnumbered females in the provincial population (50.1% vs. 49.9%). Alberta has one of the youngest average ages in Canada, 31.3 years (Canada, 1992c), and the smallest proportion of seniors over 65 and 85, except for the Yukon and Northwest Territories (Statistics Canada, 1990). In 1991, the 228,500 people over age 65 comprised only 9% of Albertans.[2] Further, only 12% of all Alberta families were elderly families, with one or more members 65 years of age or older.[3] Selecting Alberta as a case study, given its relatively young age structure, is thus advantageous for showing that population aging per se is *not* the cause of current problems in caring for older people. Rather, as Northcott (1992) suggests, explanations must be sought elsewhere, and particular attention directed to the political and economic context in which the provision of elder care is arranged between families, the market economy and the state.

With this in mind, it is important to note that by 2016 the number of seniors is forecast to increase from 9% to 13.5% of the Alberta population (Alberta Government, 1992a & 1992m).[4] The most rapid proportionate increase will be among the oldest group of old people, those over 85 years of age. By 2016, 6% of the Alberta population is expected to be over 75, and the number of people over

[2]Alberta's Native population is much younger that the population as a whole, with less than 3% of Natives over age 65, as compared to the provincial rate of 9% in 1991 (Alberta Government, 1992a).

[3]Three quarters of these elderly families are couples only, while one quarter include an elderly head of household and other family members.

[4]In 1991, the percentage of seniors in the Canadian population was 11.8%, and this proportion is expected to grow to almost a quarter of the total population (23.8%) by the year 2031 (Statistics Canada, 1990b). In the 30 year period between 1986 and 2016, the growth rate of the age group 65 and over is expected to be almost three times that of the population under age 65.

85 will triple to about 56,000 (Alberta Government, 1988c; Alberta Government, 1991i). When translated into needs for care, this means that during the next thirty years or so Alberta will see unprecedented numbers of very old and frail people who need a continuum of informal and formal systems of support.

Viewing the age and gender composition of the Alberta population, needs for elder care are potentially greatest among older women. In 1991, women represented 56% of all people age 65+ in the province. This gender differential increases among older age cohorts, such that 59% of Albertans age 75 to 84 years, and 65% of seniors 85 years and over, were women (Canada, 1992a; Alberta Government, 1992g). Women also comprised 84% of all widow(ers) over age 65, and they were much more likely to live alone following widowhood. Fully 75% of seniors who lived alone in "non-family households" were women, many of whom were widows. These elderly women were more socially disadvantaged than men, in so far as they lacked the support of spouses or other "live-in" relatives who could help them to cope with health problems and manage the activities of daily living (McDaniel & McKinnon, 1993).

Life expectancy among Albertans is higher than the Canadian average (Alberta Government, 1992a: 18) and continues to rise. For men, life expectancy is expected to increase from 74.4 years in 1991 to 78.5 in 2016; and, for women, from 81.1 years in 1991 to 83.7 in 2016. These increases in life expectancies mean that more Albertans will have surviving parents, grandparents, and great-grandparents than previous generations, and potentially more elderly relatives in need of care and support. In Canada, by the time individuals in the 1960 birth cohort reach age 50, it is projected that 60% of them will have a living parent. At age 60, 23% will have living parents (Gee, 1990). That is, conservative estimates are that approximately *one-quarter* of the members of the 1960 cohort will have at least one surviving parent when they are aged 60 themselves and in their pre-retirement years.[5] As

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[5]In 1990, approximately one-half of middle-aged Canadians (aged 45-64) reported that at least one of their parents was still alive. (McDaniel, 1993b: 32).

Gee (1990; 193) points out, these figures are particularly important for family caregiving. When children are aged 50 and 60, their parents are typically near or over the age of 80, the ages with the highest risks of physical and mental frailty.

Still, to put this matter into perspective, most older Canadians, including older Albertans, live into old age with good health[6] and considerable autonomy (Health & Welfare Canada, 1988; Lapierre, 1990). The great majority of Alberta seniors are healthy, happy, and able to live independently even at an advanced age. Northcott suggests that "if there is a problem, it is not with all seniors but rather with the relatively small percentage of seniors who have become dependent for reasons such as declining health, inadequate financial resources or lack of informal social supports" (1992: 95). The vast majority of older Albertans live independently in their communities and do not need extraordinary amounts of help from their families and friends.

It is undeniable, however, that needs for care among the minority of frail seniors, especially those in the fastest growing age group 85 years of age and over, will increase sharply in the next 30 to 50 years (National Advisory Council on Aging, 1990a). There is a direct relationship between increasing age and the prevalence of functional disability. While 7% of Canadian men and women under age 55 report a disability, 40% of Canadians aged 65+ living in private households report one or more disabilities.[7,8] The Canadian Health and Activity Limitation Survey revealed that independence in mobility and capacity for self care decline significantly among successively older age groups (Alberta Government, 1992m: 5). Disabilities are most prevalent among the "oldest old", with 75% of men and 85% of women age 85 or over reporting some type of disability (Statistics Canada, 1990b, Chart 21, p. 35). The 1992 Alberta Government position paper on *Home Care in Alberta: New*

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[6]The health status of the elderly usually has one of two meanings: (1) the presence or absence of disease or (2) the degree of functional disability (Chappell, 1981).

[7]Disability was defined as "in the context of health experience, a disability is any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being".

[8]The most frequently reported disabilities among Canadian seniors are mobility disabilities (reported by over 30%), agility disabilities (25%) and hearing disabilities (18%) (Statistics Canada, 1990c).

Directions, affirms that an aging population will result in an increased number of individuals with age-related disabilities, acute illnesses, and dementias (Alberta Government, 1992: 3). With women's higher rates of chronic disability, elderly women predominate among those who are the oldest and frailest of seniors who need to be cared for.

But who will care for these frail old people? According to the Premiers Council in Support of Alberta Families (1992a: 22), "The availability of family members and the concern of extended kin are crucial [...] to the life course of elderly people." Who are these families and extended kin? In a province which takes the position that "Policies and programs must support and strengthen the ability of families to manage and fulfill their own functions including caring for and supporting their own family members" (ibid.: 22), it is important to deconstruct monolithic conceptions of "the family" so as to assess relationships between expectations placed by the state on families to care and the realities of family life in Alberta during the 1990s.

Changing Families and Working Women: Who Will Care?

Demographic trends toward low fertility, relatively high rates of marital dissolution, and geographical dispersion of family members further diminish current and future supplies of family caregivers for older people (Gee, 1990; McDaniel, 1988; Northcott, 1988; Pratt & Kethley, 1988). Mustard (1987: 171), for example, cautions that

> Since the support which has normally been provided for older citizens through younger generations supporting their parents or relatives is less feasible in today's society with its scattered families, divorced parents, single parents and childless couples, there are and will be increasing problems in both housing the elderly and in providing non-professional support for them.

What, then, are the empirical facts about Alberta families? First of all, in 1991 more than 2 million Albertans (82%) lived in families (N=667,910).[9] The remaining 18% of Albertans either lived

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[9]These data refer to economic families, defined by Statistics Canada as two or more people related to each other by blood, marriage, or adoption, sharing one household (Alberta Government, 1992a).

alone in non-family households or shared their households with unrelated people such as boarders. Living alone was most common among the old (often widows), but also among single adults and childless or non-custodial divorced and separated people (McDaniel, 1990).

Declining fertility rates are a fundamental cause of population aging and are an important factor leading to potential shortages of family caregivers for older people. Over the last century, non-aboriginal women in Alberta have been having fewer children. Fully 22% of women born between 1950 and 1954 are childless, and it is expected that only a small proportion of them will have children in the future (Alberta Government, 1992a). Alberta families are typically small in size, averaging 3.1 persons per family and fewer than one child under the age of 15. In 1991, more than half (52%) of all Alberta families had *no* children under age 15. Further, the proportion of children under 15 is predicted to decline further from 24% in 1990 to 17% in 2016. Most middle-aged adults in Alberta, having grown up in smaller families, will look to fewer brothers and sisters to share the support of aging parents and other elders. Delayed childbearing and longer life expectancies may also increase the number of adults, particularly women, who will be expected to provide care for children and aged parents at the same time (Stone, Cafferata, & Sangl, 1987).

Alberta's divorce rate is the second highest in Canada (Canada, 1990c), at 339.5 divorces per 100,000 population. In 1991, there were 92,795 divorced persons in Alberta, comprising 3.6% of the provincial population, a percentage slightly higher than the 3.3% of divorced persons in the total Canadian population at the time of the 1991 census (Statistics Canada, 1993). Elsewhere in North America, marital instability and divorce have had demonstrable consequences for the care of elderly people. Cicirelli (1983) reports that individuals who are divorced are less able to provide help to elderly parents than are those with intact marriages. When people remarry following divorce, intergenerational relationships are often complicated by the competing demands and expectations of multiple sets of current and former parents-in-law (Pratt & Kethley, 1988). Yet Day (1988) suggests that the increase in family settings created by higher rates of divorce, re-marriage, and family

reconstitution -- in combination with lengthening life span -- may increase the duration and durability of family supports for the aged. Considered in the context of Alberta life, the potential obviously exists for marital dissolution to disrupt existing patterns of elder care and to create new pressures on remaining caregivers and care-recipients.

The geographical dispersion of families poses significant barriers to elder caregiving for many Albertans who do not share their households or communities with older relatives. Trends toward urbanization and mobility of younger Albertans away from rural farms and small towns mean that many are not able to maintain direct, ongoing contact with their parents, grandparents, and other older relatives who live in non-urban areas of the province. According to the 1990 General Social Survey, the personal contact elderly people have with their children is influenced by how far away they live; as the distance from children increases, the frequency of contact falls (McDaniel, 1993b). Interestingly, however, older women tend to see their children more often than do men, and daughters tend to see their mothers more often than do sons regardless of distance (McDaniel, 1993b: 32). Still, in all types of intergenerational relationships, personal contact declines as distance from mothers and fathers increases.

Another dimension of the geographical distribution of seniors and their families relates to the magnitude of needs for elder care in various regions of Alberta. An examination of the proportions of people aged 65 and over across the census regions of Alberta suggests that elder care needs are greatest in those areas containing the highest per capita of seniors, the urban areas and the south and east central regions. As Table 6 indicates, the southern and east central towns and cities of the province are more densely populated per capita by people age 65+ years, with seniors representing about 13% of the population in these primarily rural regions of the province. In contrast, the northern and western regions of Alberta are thinly populated by older people, ranging from 6.8% of the population in the Hinton census division to a provincial low of 3% in Fort McMurray (Alberta Bureau of Statistics,

1991).[10] Still, like the majority of Albertans, most (60%) seniors live in or near the cities of Calgary and Edmonton (Alberta Government, 1991a), comprising 8% of the populations of these two cities. Only 7% of all Albertans, and 5% of Alberta's age 65+, live on farms (Statistics Canada, 1993). For many individuals and families, however, close geographical proximity to elderly relatives who need ongoing, frequent help may not be possible even though the willingness to provide assistance remains.

Single earner families composed of a married male in the labour force, his wife who does not work for pay, and their dependent children are *not* the norm among Alberta families. Instead, the most prevalent family type is a dual-earner couple with or without children. As Table 3 indicates, in 1991 a dual-earner couple with children living at home was the most prevalent type of family, although it represented less than one in five (17%) of all Alberta families. At 12% of all Alberta families, a dual-earner couple with *no* children living in the household was the second most prevalent type of family. Clearly, families who have elder care responsibilities are most likely to contain women in the labour force. As the Alberta Women's Secretariat points out, "While women continue to be the central figures in the home as caregivers, in the majority of Alberta families, they are also wage earners" (Alberta Government, 1989d: 3). Fully 64.7% of all married women in Alberta are in the paid labour force on some basis, a percentage only slightly lower than the 71.4% of single working age women (Canada, Statistics Canada, 1993d, Table 1, p. 136 & p. 138). Among women in Alberta with children at home under the age of six years only, 42.6% in the 15 to 24 age group, 60.4% age 25 to 34, 66.2% age 35 to 44, and 54.1% age 45 and over are employed in the paid labour force (ibid.: 134). Clearly, the presence of preschool age children is not the primary reason why most women in Alberta are, or not, employed outside the home.

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[10] In the far north, seniors account for only 3% to 5% of the population which is largely Native and Metis. The fertility rate of Natives and Metis is about double the average fertility rate for the province, and children and youths comprise a much larger proportion of the population in those communities.

Fort McMurray is the youngest city in Alberta with only 0.8% of its population over age 65. Its population is based largely on young and middle-aged workers and their families who have migrated there from outside the province (Seniors Directorate, Alberta Government, 1992a: 3)

Another reality is that, irrespective of marital status, age, or the presence of children, the majority of women in Alberta are in the paid labour force on some basis. In March of 1992, 392,960 Alberta women (64%) were employed full-time, while 221,040 (36%) had part-time jobs in the formal economy. Women comprised 45% of the Alberta labour force, up from 37% in 1975 (Labour Canada, 1990: 3), and they had the highest labour force participation rate among women in Canada, averaging of 64% of all women under age 65 (Table 4). Notably, labour force participation rates were highest (80%) among women in the 25 to 44 age group, one which includes women with the greatest structural potential of being "sandwiched" in the middle of child care, elder care, and employment responsibilities.[11]

Two-thirds of women in the Alberta labour force are employees of private sector businesses (Statistics Canada, 1991d), while about 2% work as unpaid family employees, either on farms or in family businesses. Women are less likely to be self-employed than men, either in incorporated or unincorporated self-employment settings (Alberta Government, 1992a), but they are more likely to work in the public sector at various levels of government (municipal, provincial, federal).

According to the Alberta Women's Secretariat (Alberta Government, 1989d: 4), "Increased employment opportunities, changing social attitudes, better education, urbanization, the rising cost of living, a higher divorce rate, effective birth control -- all have increased women's participation in the work force." But economic necessity is foremost among reasons why women have entered paid employment. This is particularly the case for working-class wives for whom the harsh realities of

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[11]Based on analyses of the 1990 General Social Survey, Martin Matthews (1992b: 8-9) suggests that:

> (1) Most employed men and women have the structural potential for elder care until their late middle age;
>
> (2) A majority of younger employed men and women have the potential to be caught between competing demands from parents and still-dependent children. However, this typically lasts only until the later forties when the proportion is only about half; and
>
> (3) The structural potential to face competing obligations to work, parents and children is much greater for workers in their thirties and forties than at later stages.

economic life are most directly experienced (Lowe & Krahn, 1985). A series of economic recessions and a provincial unemployment rate of 8.2% in 1991, rising to 9.5% in 1992, have eroded the resources of Alberta families, such that most employed women do not have the choice of foregoing, or relinquishing, paid work for unpaid family caregiving (Canadian Employment & Immigration Advisory Council, 1987; Gunderson, Muszynski, & Keck, 1990). Many wives, particularly those whose husbands receive low incomes, have turned to paid employment to alleviate their families' income shortfall (Duffy & Pupo, 1992). By contributing an average of 30% of the family income, married women in the labour force have significantly altered some families' economic positions (Armstrong & Armstrong, 1988).

In addition, changing social attitudes have facilitated the contributions of women to the formal economy. The 1991 Alberta Survey found that a majority of Albertans support women's labour force activities, although more conservative attitudes were evident among older respondents and residents of small towns and rural areas (Neale, 1993). For example, Albertans over age 60 were twice as likely to agree (32%) that men should be given preference over women in hiring during tough economic times, compared to respondents in either of two younger age groups (18 - 29, 15% and 30 - 59, 16%). Similarly, only 11% of those over age 60 approved of a married woman working in the paid labour force if she had preschool age children, while 25% of those aged 30 to 59 and 34% of those aged 18 to 29 expressed approval of this behaviour. Nonetheless, other results from the Edmonton Area Survey and the Alberta Survey indicate that in a province where the "traditional family" is frequently promoted, attitudes towards women's work roles are surprisingly liberal. Current government policies which promote women's contributions as family caregivers largely reflect the views of older Albertans, who consistently exhibit more traditional attitudes towards women's paid work (Neale, 1993: 4)

While more women than ever are in the labour force, many remain segregated in occupations traditionally considered to be women's work (Table 5). The number one occupation for women in Alberta is that of a clerical worker (32.1%), typically a low paying occupation with few employment

benefits. Women are three times as likely as men to work in part-time jobs, and there is a discernible trend toward more part-time employment and other forms of nonstandard work. More than one in three (36%) of all Alberta women in the labour force had part-time jobs in 1992 (Table 4). Reflecting the pressures on women to combine paid work with family caregiving roles, almost half (49%) of all women who worked part-time were in the age group from 25 to 44 years, the period in which women are most likely to have young dependent children and, possibly, elders in need of care. Still 60% of women employed full-time were in the same group (25 to 44), and had commitments to full-time employment and family caregiving roles. That is, integrating multiple roles as paid and unpaid workers is the norm, rather than the exception, for most women in Alberta under age 65. This chapter has shown, however, that the reality of women's labour market activities is not the only factor influencing supplies of family caregivers for the old and frail, or the circumstances under which elder care is provided.

Summary and Conclusion

Popular concerns about the problems arising from population aging should not obscure the reality that Alberta has the smallest proportion of seniors over 65 and 85, comprising only 9% of the provincial population in 1991. Still, needs for care among the minority of frail seniors, especially in the fastest growing 85+ age group, are predicted to increase as the provincial population ages into the next century (Alberta Government, 1992d). Needs for elder care are expected to be especially great among elderly women of advanced years, many of whom are widowed and living alone.

However, Jones, Marsden, & Tepperman (1990: 151) point out that as "families become smaller, there are fewer children to help -- in particular, as most women now are in the paid labour force, fewer of the traditional daughters". Traditional family caregivers, in the form of married middle aged women not in the labour force, are a rarity in late-twentieth-century Alberta, as the majority of women under age 65 are employed on a full-time (64%) or part-time (36%) basis. Well established

trends toward lower fertility, smaller families, dual earner families, higher divorce rates, and the geographical dispersion of individuals and families away from communities of origin *all* contribute to the creation of shortages of accessible family caregivers for frail older people. Therefore, to focus solely on women's labour force activities as the primary cause of a current and future "caregiving crunch" simply does not make sense when confronted with the facts on contemporary Alberta women and families. Current demographic and social trends in Alberta are incompatible with public policies which emphasize family responsibilities for elder care. While Dowler et. al (1992), among others, pit population aging against women's increased labour force activities so as to frame the question, "Who will care?", more appropriate questions are, "Under what conditions do women (and men) care for their elders?", and "Who benefits from an emphasis on families, and in particular, on women, as the caregivers of the old and the frail in society?" Both of these questions call for an examination of the broader political and economic forces which establish the parameters within which caregiving is organized and provided.

In conclusion, this chapter has established an empirical basis for later chapters, where I will argue that the origins of problems in the social provision of elder care rest not with changes in women's lifestyles and labour market activities, but with a complex of inter-related political, economic, and social conditions mediated by the state and employers. These conditions are legitimated on the basis of neo-conservative ideas which have found a home in Alberta politics, ideas which promote individual and familial responsibilities for elder care. In the next chapter, I begin by estimating the prevalence of elder care activities among representative samples of adults in the Alberta population, and in so doing, challenge the assumption that elder care is essentially a women's issue. Detailed profiles of "family caregivers" and "employed caregivers" are developed which go far beyond the stereotypical view of women as *the* caregivers of society. Noting the definitional and sampling problems which have plagued earlier studies of the prevalence of caregiving, I de-emphasize conceptualization of elder care as a women's issue, confined to the "private" domain of "the family", and provide evidence that refutes

the assumption that employed women, and men, diminish their involvement in elder care due to their labour market activities. This evidence is consistent with the thesis that, for the most part, problems in caring for frail older people originate not with women and men in families, but with the ideological and structural conditions under which caregiving is arranged and provided.

Table 3. A Profile of Alberta Families
1991

	N	%
Total Albertans in Families	2,095,670	
as % of Total Population		82%
Mean Number of Children <15 per Family	0.9	
Mean Number of Persons per Family	3.1	
Distribution of Family Types		
Husband-Wife Families	584,985	
Families of now married couples	525,745	90%
Families of common-law couples	59,240	10%
Lone-Parent Families	82,930	
Male Parent	14,330	17%
Female Parent	68,595	83%
Total Number of Families	667,910	100.0%
Most Prevalent Family Types		
Dual Earner Couple with Children Living at Home		17%
Dual Earner Couple with No Children Living at Home		12%
Families with(out) Children < 15 Years:		
with children (< 15) living at home		48%
without children (< 15) living at home		52%

Sources:

1. Alberta Government (1992b & 1992e).

2. Canada. Statistics Canada (1992b) *Families. Number, Type and Structure*. The Nation. Cat. No. 93-312. Ottawa: Minister of Industry, Science and Technology.

3. Canada. Statistics Canada (1993) *Families. Social and Economic Characteristics*. The Nation. Cat. No. 93-320. Ottawa: Minister of Industry, Science and Technology.

Table 4. Women in the Alberta Labour Force

by Age Group and Marital Status, 1989 - 1992

	Labour Force Participation Rates			
	1989	1990	1991	1992
	%	%	%	%
All Women	63.6	63.6	64.7	64.2
by Age Group				
15-24	66.2	64.3	65.7	64.6
25-44	78.5	79.3	80.5	80.0
45-64	61.6	61.9	63.6	64.2
by Marital Status				
Single	70.6	69.1	69.9	70.0
Married	65.6	66.2	67.4	67.2
Other	44.9	43.4	45.8	44.2

Employment Status by Year

Employment Status	1989	1990	1991	1992
	%	%	%	%
Full-time	66	69	68	64
by Age Group				
15-24	15	15	15	14
25-44	62	61	61	60
45 & Over	22	24	25	26
Part-time	33	31	32	36
by Age Group				
15-24	33	30	30	29
25-44	43	48	48	49
45 & Over	24	22	21	22

Source: *The Labour Force*, Statistics Canada, 1989 03, 1990 03, 1991 03, & 1992 03.

Table 5. Top Ten Occupations of Women in Alberta, 1991[12]

Occupation	n	%
1. Clerical & related occupations	201,430	32.1
2. Service occupations	113,520	18.1
3. Sales occupations	64,420	10.3
4. Managerial, administrative	57,155	9.1
5. Medicine & health occupations	54,550	8.7
6. Teaching & related occupations	37,895	6.0
7. Farming, horticulture	25,330	4.0
8. Social sciences & related fields	19,025	3.0
9. Natural sciences, engineering & mathematics	11,460	1.8
10. Artistic, literary, & recreational occupations	9,325	1.5
Other occupations	32,878	5.0
All Occupations	**626,970**	**100.0**

[12]Source: Statistics Canada (1993c) *Occupation*. The Nation. Cat. No. 93-327. Ottawa: Minister of Industry, Science & Technology.

Table 6. Albertans Age 65+ by Census Division, 1991

Census Division		Percentage Age 65+	
(1)	Medicine Hat	12.9	
(2)	Lethbridge	12.1	
(3)	Cardston	12.5	
(4)	Hanna	13.7	
(5)	Drumheller	12.5	
(6)	Calgary	8.2	
(7)	Stettler	14.5	
(8)	Red Deer	10.2	
(9)	Rocky Mountain House	9.0	
(10)	Camrose	15.8	(highest)
(11)	Edmonton	8.7	
(12)	Bonnyville	9.5	
(13)	Westlock	12.1	
(14)	Hinton	6.8	
(15)	Canmore	8.2	
(16)	Fort McMurray	3.0	(lowest)
(17)	Slave Lake	5.3	
(18)	Grande Cache	4.3	
(19)	Grande Prairie	7.7	
Average		9.8%	

Sources: Alberta Bureau of Statistics, 1991 06 01, and The Premiers Council in Support of Alberta Families, Alberta Government (1992b).

Chapter 5. Albertans Do Care: The Prevalence of Elder Care Activities

Introduction

While an abundance of evidence supports the conclusion that elder care is usually performed by women, a number of conceptual and practical problems stem from the assumption that elder care is, therefore, essentially a "women's issue". First of all, conflation of elder care in families with women's work encourages, as Margrit Eichler (1988) argues, monolithic conceptions of "families" and "women". To do so conceals the heterogeneity of these social groups, as shown in Chapter 4, and the reality that not all families, or all women, care for older kin. Second, an emphasis on the role of women as *the* caregivers ignores the contributions of men to caregiving, and obscures the commonalities, and differences, among women and men in the performance of caregiving work.

Further, the idea is promoted that women's "natural" role of family caregiver is, or should be, all consuming of their time and talents, and thus incompatible with employment outside the home. At best, employed women are assumed to do less for their elderly kin. It is a short leap from this assumption to the shaky conclusion that women's labour market activities are problematic for a society faced with growing unmet needs for elder care, and that for the benefit of society at large, women ought to reconsider their attachments to the paid labour force.

Moreover, of central concern are tendencies for observers not to look beyond the behaviours of women to explain the origins of problems with the social provision of care, and to seek solutions which rely on individual women changing their behaviours so as to resolve these difficulties. To repeat a key element of this thesis argument, more problematic than women's "caring" or "not caring" are existing structural and ideological barriers to more collective, organized solutions to the provision of care for frail older people. These possibilities are obscured when emphasis is placed on the identification of women as the caregivers of society, and little attention is directed toward the context in which supposed caregiving behaviours occur.

From a methodological perspective, the previous chapter on research methods has also identified serious difficulties with empirical research that emphasizes women as *the* caregivers of society. The lack of consensus among researchers as to the definitions of "caregiver" and "caregiving", the unrepresentative samples used in many studies, low response rates to family and employee caregiver surveys, and the absence of detailed comparisons between, and within, groups broadly classified as "caregivers" or "noncaregivers", "employed" or "not employed" are highly problematic in this regard. What is strongly suggested by these methodological limitations is that much of what is taken for granted about women's (and men's) involvement in caregiving for elderly relatives is open to question, and that relationships between elder caregiving and employment may not be so straightforward as the stereotype "employed women care less" would have us believe.

This chapter attempts to overcome these conceptual and methodological problems. Four key questions are addressed by drawing from results of the 1991 and 1992 Alberta Surveys: (1) What is the prevalence of elder caregiving among a representative sample of adult Albertans, and in particular, among women and men in the paid labour force? (2) Who are the caregivers? (3) What is the nature (i.e. type, frequency, patterns) of the care women (and men) provide to elderly kin? and (4) Do employed women (and men) provide less care than those who are not in the paid labour force? Answers to the first question will advance our understanding of the extent to which adults in the Alberta population, particularly those in the provincial labour force, are involved in elder care, thus establishing a baseline prevalence rate from which to consider relationships between employment and elder care activities. Answers to the second question will yield a detailed socio-demographic profile of Albertans engaged in elder care on some basis, and will provide evidence that refutes the stereotypical, homogenizing view of women as the caregivers of the old and frail. The third question prompts an examination of what is meant by "caring" and "caregiving", forces one to confront the importance of definitions used to operationalize these concepts, and shows how the gendered division of caregiving labour influences assumptions about who cares. Finally, the last question tackles head on the

assumption that employment and elder caregiving are mutually incompatible activities, and that women and men in the labour force inevitably devote less time to elder care activities. The implications of obtaining a negative answer to this question are, at least, threefold. They would refute the notion (1) That employment *per se* contributes to a shortage of family caregivers, particularly "traditional" married women; (2) That employment and elder caregiving are mutually incompatible activities; and (3) That, conversely, employment and elder care are unrelated activities which do not span the borders of individuals' public and private lives. Taken together, this evidence supports the thesis that problems in caring for frail older people stem largely not from women's labour force activities, but from the ideological and structural conditions under which the social provision of care is arranged and provided.

As background to the answers obtained in response to these questions, selected findings of previous research on family caregiving and employment will be first reviewed.

Previous Research Findings

Most elder care, including emotional support, instrumental help with daily activities, and advice about resources is provided by families (Antonucci, 1990; Brody, 1981 & 1985; Chappell, 1990; Connidis, 1989; Stone et al., 1987). Estimates suggest that between 75% and 95% of help received by non-institutionalized Canadian seniors is provided by family members (NACA, 1990a: 6; Chappell, 1990a). A Winnipeg area study indicated that 80% of elders receiving formal home care services also received care from informal sources; that is, families continued to provide informal care even when formal care was provided (Chappell, 1990b).

However, the prevalence of elder caregiving among workers in the Alberta has not been estimated. There are, however, a few widely varying estimates which have been obtained from non-representative samples of employees in public and private corporations. Based on surveys of 5,121 employees (most of whom were over the age of 35) in eight different Canadian organizations, the

CARNET Elder Care Research Group found that 46% of their sample reported having provided some assistance to an elderly relative within the past six months (CARNET, 1993).[1] A Conference Board of Canada study (MacBride-King, 1990a) found that 16% of those surveyed reported that they or others in their household provided care to an elderly, disabled or infirm family member. Another Canadian study of 14,549 employees in over 30 private sector organizations indicated that only 5.8% of respondents reported elder care responsibilities (Higgins, Duxbury, & Lee, 1992). Echoing findings of American studies reported in *The Globe and Mail*, the Ontario Women's Directorate has suggested that, "Right now, two out of five people 30 years of age and older provide some kind of care for elderly relatives. As the parents of the baby boomers continue to age, more of the adult children will be combining a job with elder care" (Ontario Women's Directorate, 1991: 9).[2]

Gorey, Rice & Brice (1992), in a review of the findings of 17 independent American studies dealing with the prevalence of elder care responsibilities among the work force, found that approximately one fifth to one quarter of employees provided care for an elderly dependent, but that the range of estimates varied from a high of 46.0% to a low of 1.9%. Included in their meta-analysis is the well-known Travelers Corporation Survey which indicated that 20% of employees over the age of thirty were providing some care to an elderly parent (Travelers Insurance Companies, 1985). A survey of three firms by the University of Bridgeport's Aging Center found that 25% of employees age 40 and over were providing care for frail elderly parents (Wagner, Creedon, Sasala, & Neal, 1989). Eighty percent of these employees were women, and 50% of these women said they were the primary care provider.

Gender differences in the prevalence of elder caregiving are consistently reported in American studies of employment and elder care. Some of these estimates are that from two-thirds to three-

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[1]Elder care was measured by asking respondents if they had provided any of 18 kinds of assistance to a relative aged 65 or over in the past six months (CARNET, 1993: 3).

[2]If the latter prevalence estimate is generalized to the entire Canadian labour force at the time of the February 1991 Labour Force Survey, approximately 4,463,600 Canadians, including 537,200 Albertans, would be estimated to provide elder care.

quarters of caregivers are women (American Association of Retired People, 1988; Barr, Johnson, & Warshaw, 1992; Scharlach and Boyd, 1989; Wagner et al., 1989). The Travelers Corporation Survey, for example, found that

> The majority of these caregivers are women, even when the person needing care is the husband's parent. Whereas 63% of the female respondents indicated that they were the primary caregiver, only 29% of the male respondents said they were the primary caregiver. Moreover, many of the male caregivers indicated that they relied more heavily on outside assistance and spouses than did the female respondents (Wagel, 1987: 5).

Data from the 1982 National Long-Term Care Survey in the United States indicate that, in or out of the labour force, informal caregivers to the frail aged are primarily female (Stone, Cafferata & Sangl, 1987). Interviews of 1,924 caregivers, representing 2.2 million persons caring for 1.6 million disabled elders in the United States, revealed that the majority (72%) were women, with adult daughters comprising 29% of all caregivers and wives constituting 23% of this population. Husbands comprised only 13% of informal caregivers.

Numerous other studies of family caregiving conducted in Canada, the United States, and Britain affirm that it is women who are the primary caregivers of the old and sick in society, and that family care really means care by women (Aronson, 1991; Baines et al, 1991; Brody, 1981 & 1990; Finley, 1989; Land & Rose, 1985; Lewis & Meredith, 1988a; Walker, 1983). Indeed, "the most consistent finding in caregiving research is that the majority of family caregivers are women" (Miller & Cafasso, 1992: 498). Women are the kinkeepers, the ones who are depended upon to do the work of keeping family members in touch with one another (Rosenthal, 1985). Horowitz (1985) observes that sons tend to become caregivers only in the absence of an available female sibling, are more likely to rely on the support of their own spouses, provide less assistance overall to their parents, especially "hands-on" services, and tend to have less stressful caregiving experiences independent of the nature of their involvement.

When "caregiving" is defined according to the types of help provided, there is strong evidence of a gender division of caregiving work. The 1985 General Social Survey found that elderly men were more likely to provide assistance with yard work and transportation activities than women age 65+ years. In contrast, elderly women were more likely to give help with housework in someone else's home or provide assistance with personal care (McKinnon, 1991). These findings support those of Brody who reported that personal care and instrumental services are most often provided by female spouses (for the married) or by adult daughters (for the widowed elderly), while sons tend to help with certain gender-defined services such as money management (Brody, 1986: 373). Lopata (1973) found that sons of widows help with financial management and with funeral arrangements. Stoller's (1990) caregiving study of community-based elderly people in eight rural counties of New York reinforces that helping patterns reflect the gender division of labour. Women were more likely to help with cooking, laundry, and routine household chores, and women also provided help with a broader range of tasks.

There is also evidence of gender differences among older Canadians' preferences for *receiving* emotional support from a daughter or son. According to the 1990 General Social Survey, women aged 65 and over not living with a spouse were most likely to say that they would turn to a daughter for emotional support (28%), while only 16% of the men without spouses would do so. Both women and men were less likely to turn to a son than to a daughter (12% and 7%, respectively) (McDaniel, 1993b: 30).

Women apparently devote more time than men to caring for others, by virtue of the nature of the help they typically provide. Husbands and sons are more likely to assist intermittently with activities such as yard work, home maintenance and legal/financial aid (Kaden & McDaniel, 1990). Stoller (1990: 234) similarly observes, "Men help with intermittent or occasional tasks but less frequently undertake routine household chores".

But do employed women allocate more time to caregiving than employed men? And, how high do the caregiving activities of women employed full-time stack up against the help given by women who are employed part-time or not in the paid labour force? Overall, do employed women actually do less for their elderly kin?

Research findings that address these questions are sparse, tentative, and inconclusive. American studies conducted in the early 1980s indicate that women who are employed continue to help their elderly family members while continuing to meet other commitments to their families and employers (Cantor, 1983; Lang & Brody, 1983). Personal interviews of a convenience sample of 150 married women in Philadelphia revealed no significant differences in the actual amounts of help received by mothers of "working" and "nonworking" daughters (Brody & Schoonover, 1986). They found that employed daughters provided as much affective supportive as daughters not in the paid labour force, and also managed to do as much housework/laundry, transportation/grocery shopping, and money management/services arrangement for their mothers. However, daughters in the labour force shared helping with personal care and meal preparation with other providers. Notably, helpers paid by the family and, to a much lesser extent, the workers' husbands and other family members, were more involved when daughters when engaged in paid work outside the home (Brody & Schoonover, 1986).

Perhaps more importantly, it was discovered that noninstitutionalized elderly kin were not suffering neglect due to the increased labour force participation of their daughters. Moreover, no evidence was found to support the notion that women's labour force activities increase the economic burdens of taxpayers by substituting subsidized community services for women's own help to their parents. Employed daughters continued to provide most of the help received by their dependent mothers. (Brody & Schoonover, 1986: 380)

In her exploration of relationships between employment and the level of assistance provided to elderly parents by adult children, Stoller (1983) observed that being employed significantly decreased the average level of sons' assistance by over 20 hours per month but did not have a significant impact on the hours of assistance provided by daughters. Stueve & O'Donnell (1984) also found a number of exceptions to the "employed daughters do less" stereotype. They interviewed a small random sample of 81 women between the ages of 30 and 60, all of whom had least one parent aged 70 or older. In their study, the work-parent association depended on parents' circumstances, their geographical proximity, and the hours daughters worked. Still, women in full-time jobs interacted less often with their mothers and fathers, and were generally less available to provide instrumental support. Full-time homemakers and part-time workers were more attentive on a day-to day basis and were more willing to consider the possibility of undertaking long-term elder care. For some daughters, elder care was at least partly responsible for their curtailed work involvement. "Whether faced with few alternatives or subscribing to a value system that emphasized family commitments, such women placed the needs of aging parents, like young children, ahead of careers" (Stueve & O'Donnell, 1989: 349). They conclude, "It is too often taken for granted that social changes are limiting the capacity and willingness of family members to meet traditional responsibilities toward aging parents".

A job may place constraints on *when* rather than *if* siblings do things for their parents but not decrease the likelihood of routine involvement (Matthews & Rosner, 1988). Comparing the involvement in elder care of 50 pairs of sisters whose employment status differed, Matthews, Werkner & Delaney (1989) found that nonemployed sisters, if geographically proximate, assume a disproportionate share of responsibility for tasks that must be scheduled during working hours, day-time emergencies, and situations in which parents require ongoing help. Employed sisters, however, were expected to assist during evenings and on weekends.[3] In their view, "the implication of women's

[3]An unexpected finding of their research was the degree of job flexibility reported by employed women, and the positive job benefits that contributed to the ability of employed daughters to meet their parents' needs. Interestingly, "the job decisions of these women were only rarely affected by the needs of parents. Even when they

employment status as to their providing care to old parents cannot be ascertained unless characteristics of the parent care system of which these women are members also are examined". (Matthews et al., 1989: S44)

Four points concisely summarize all of these findings. First, previous studies consistently argue that the majority of caregivers for the old and frail are women. Second, among family caregivers, a gender division of caregiving labour is evident, with women more likely than men to provide emotional support, assistance with household activities, and personal care. Third, women generally seem to devote more time to caregiving activities than do men. Fourth, there is inconclusive evidence that employed women provide less elder care when compared to women not in the paid labour force.

As noted with reference to the methodological limitations of previous family caregiving studies (Chapter 4), these findings have, with few exceptions, been based on small non-representative samples selected on the basis of particular types of family relationships. Certainly, as Brody and Schoonover (1986: 380) suggest, "Additional research with larger samples and other populations are needed." Previous research has also generally failed to address the complexities of both caregiving and employment. Employment status has been typically treated as a unidimensional, dichotomous variable; caregivers are classified as either employed or not employed. Full-time employees are not distinguished from part-time employees, nor are caregivers in the labour force differentiated on the basis of their occupations, industry of work, status as a union member, or other socio-demographic characteristics. Similarly, in most corporate based research, employees are classified as caregivers or non-caregivers, with little attention directed to the complexities and variations underlying what is considered to be "caregiving".

The 1991 and 1992 Alberta Surveys afford the opportunity to overcome many of the conceptual and methodological limitations found in previous studies in this area. Moreover, they

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were, parents were usually only one of many factors to take into account when deciding whether to work or what types of job to take" (Matthews et al., 1989: S43).

provide evidence which questions whether a "crisis in caregiving" to women's labour force activities. More specifically, the Alberta Surveys show that elder care is not exclusively the domain of women, and employed women do not provide less care to their elderly relatives compared to that rare species of "traditional family caregiver", a middle aged woman not in the labour force. Guided by the research questions identified at the outset of this chapter, we will now examine findings of the 1991 and 1992 Alberta Surveys.

What Is the Prevalence of Elder Caregiving?[4]

Caring for elderly relatives seems quite common among men and women in Alberta, affecting a large cross-section of the provincial population. Approximately one in three people surveyed said they were currently providing some type of help for an elderly relative. Among the 1,345 adult Albertans who participated in the 1991 Alberta Survey, 35% (n=474) were providing help to an elderly relative at the time they were interviewed. Results of the 1992 Alberta Survey strongly substantiate this finding, for 30% of the 1277 respondents to that survey said they currently were involved in elder care.[5]

The prevalence of elder caregiving among employees in the provincial labour force was estimated by determining the percentage of all caregivers who were employed full-time or part-time, or who were unemployed and looking for work, at the time they were interviewed by the Population Research Laboratory. Figure 3 illustrates the estimated prevalence of elder caregiving among adult Albertans interviewed in 1991 and 1992, controlling for employment status and sex. As this chart

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[4]The prevalence of caregiving was estimated by asking each respondent, "Are you currently providing an elderly relative with any financial assistance, emotional support, or other types of assistance like household tasks, transportation, or personal care? All those who replied "yes" to this question were classified as a family caregiver, and the percentage of the total sample so classified was taken as a valid estimate of the prevalence of elder caregiving among the adult population of Alberta.

[5]Interestingly, the prevalence of caregiving among Albertans declines from 30% to 23% of the total 1992 Alberta Survey sample if the 95 caregivers providing only emotional support are not classified as caregivers. The remaining 23% of the total sample is composed of the 16% (n=199) of Albertans providing emotional support *and* other types of assistance for elderly relatives, and the 7% (n=88) of all respondents providing types of care other than emotional support.

shows, there were no significant differences in the percentages of full-time and part-time employees involved in elder care in a given year, nor were there statistically significant gender differences in caregiving rates either year. Further, employed respondents were just as likely as all other respondents to be involved in elder care. In 1992, among Albertans employed full-time, 31% of women and 33% of men said they were involved in elder care, about the same percentage as the total survey sample. Part-time workers had similar frequencies of elder care involvement, with 31% of women and 29% of men employed part-time giving help to elderly relatives. However, part-time employees in the 1991 Alberta Survey sample were a little more likely to report elder care activities; about 40% did so.

How do these prevalence rates compare with those obtained in other surveys? With reference to the 46% of full-time employees involved in elder care, as reported by the CARNET Eldercare Research Group, the Alberta Survey prevalence estimates are slightly lower. This difference may be due to the fact that the CARNET study used 18 types of activities under its definition of caregiving, in contrast to the 10 types coded in the Alberta Surveys. In addition, persons over the age of 35 were deliberately oversampled in the CARNET survey so as to include more individuals who had living relatives 65 years of age or older. Indeed, if the frequency of elder caregiving is measured only among Albertans in their forties, almost half (47%) reported that they were involved in elder care.[6] The latter finding, highly consistent with that obtained in the CARNET study, can be attributed to the age structure of Canadian families and the fact that persons in their 40s are most likely to have living parents, parents-in-law, aunts, uncles, grandparents, and other relatives over age 65 (Gee, 1990; Martin Matthews, 1992a).

Although much of the literature on family caregiving for older people emphasizes that caregiving is primarily "women's work", almost equal proportions of men (48%; n=229) and women (52%; n=245) in the 1991 Alberta Survey sample were involved in elder care. The 1992 Alberta

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[6]Th second largest group of caregivers, controlling for age, were persons aged 30 to 39; 37% of were currently providing some type of help to an elderly relative.

Survey data substantiate this finding, as does the more recent CARNET Eldercare Survey which documented a "minimal" gender difference in the prevalence of elder caregiving (Martin Matthews, 1992: 14).

Customarily, a finding of no difference is considered unimportant in scientific circles. However, as Gee & Kimball argue (1987: 111), "This norm is highly questionable: a finding of no difference can be as important, perhaps even more important in some cases, as finding a significant difference". If correct in their assumption that findings of no difference are under-reported, then the research literature may present an overall picture that exaggerates the differences between women and men in terms of their involvement in caring for older relatives.

There is a plausible methodological explanation for finding no gender differences in the prevalence of elder caring. The lack of observed gender differences may be due to the broad definition of caregiving used in this study, and that used by the CARNET Research Group, definitions which include a wide range of activities spanning stereotypical notions of what is "women's work" and "men's work". As Stone (1991: 725) points out in her discussion of the policy implications of different definitions of "caregiving", "The choice of definition greatly influences the number of family caregivers, the magnitude of estimated burden on individuals, families, employers, and the society, and the costs of different policy options". The choice of definition may also determine if elder care is conceptualized as essentially "women's work" or a "women's issue", or whether, as the Alberta Surveys demonstrate, it encompasses human activities which transcend artificially constructed gender boundaries.

Who Are the Caregivers?

Overall, Albertans providing elder care were not a distinct group among the Alberta Survey respondents or, by extension, among adults in the provincial population. That is, caregivers did not differ significantly from the entire 1991 and 1992 Alberta Survey samples when compared on the basis

of gender, area of residence in Alberta, ethnic origins, religious affiliations, educational attainments, individual and household incomes in the past 12 months, occupations, industries of work, or memberships in labour unions and professional associations. As Table 6 shows, elder caregiving pervades the provincial population, touching people in all walks of life, in all sectors of the Alberta economy, and in all regions of the province. Caregivers of the old and frail cannot be simply described as "women", for within this immense social group can be found tremendous diversity unbounded by falsely dichotomized gender groups.

Moreover, Albertans providing care to older relative were no different from others interviewed with regard to their employment status. Like most Albertans surveyed, the majority (57%) of men and women were employed full-time. If married, they were also likely to have a spouse or partner who was employed in the labour force. Fully 84% of the spouses/partners of women providing elder care were employed; the comparable figure for the spouses/partners of men was 63%. Dual earner couples appear to be the norm not only among Alberta families, but among families involved in elder caregiving. Indeed, the prevalence of elder caregiving was slightly higher than average among dual earner couples employed full-time (40% vs. 37%). This was the case for both men and women, a finding which contradicts Brody's (1981) hypothesis that men are more likely to experience the impacts of elder care responsibilities through the effects on their wives and sisters. In the 1991 Alberta Survey sample, gender and employment status did not influence the prevalence of elder caregiving.

There were two statistically significant differences between caregivers and noncaregivers which were consistent across gender groups. The first, already noted, is that caregivers were more likely to be in their forties, a not unexpected finding due to their greater than average likelihood of having older relatives with needs for care. Almost equal proportions of men (46%) and women (48%) in their forties said they were involved in elder care. The average age of caregivers was 44 years; 30%,, however, were in their 30s and 28% were aged 20 to 29.

The second difference had to do with marital status. Married Albertans were more likely to be providing elder care than those who were single/never married, widowed, separated, or divorced. In 1991, 70% of the 474 respondents providing elder care were married (Table 6), a finding substantiated by the 1992 Alberta Survey data (not shown). By way of explanation, people who are married usually have larger family networks and potentially more older relatives with needs for assistance.

A few other characteristics of caregivers, though not significantly different from the non-caregivers surveyed in 1991 and 1992, deserve special mention for they underline the inequalities between, and variable characteristics of, individuals who fall under the broad definition of "caregiver". Economically disadvantaged persons, the majority of whom were women, were just as likely as more affluent respondents to be involved in elder care. Almost six in ten (59%) of all women providing elder care had individual incomes less than $20,000.00 in the 12 months prior to their participation in the 1991 Alberta Survey. Clearly, these low income women had considerably less in the way of economic resources to share with elderly family members, and to otherwise support their involvement in various caregiving activities.

Another important characteristic of caregivers, both male and female, is that approximately half of them (52%) had children in their households under the age of 18 years (Table 6). When specifically asked if they were involved in elder care, about four in ten respondents with sole (39%) or shared (43%) responsibility for the care of children reported they were currently providing care for an elderly relative. Indeed, women and men with one (42%), two (40%) or three (43%) children had higher than average involvement in elder care when compared to persons with no children (31%). These are the people popularly described as the "sandwich generation", individuals who are "in the middle" of child care and elder care responsibilities (Brody, 1981 & 1990; McDaniel, 1988a). They form a substantial component of all caregivers in Alberta, and, as their employment patterns indicate, are likely to be juggling multigenerational family caregiving responsibilities with employment.

Until quite recently little was known about ethnic differences in the provision of emotional, financial, and other forms of social support for older Canadians. The lack of attention to potential ethnic differences exists, as Payne & Strain (1990) note, despite a recognition of the heterogeneity of the elderly population and the "ethnic mosaic" of Canadian society (Dreidger & Chappell, 1987).

Taking up this line of inquiry, Penning and Chappell's (1987) comparisons of French, British, Ukrainian and Jewish groups of elders in Winnipeg, Manitoba yielded no significant differences in their receipt of assistance when ill, for emergencies, in providing a home, with household tasks, or with shopping. However, financial assistance was more commonly received by older Jewish people, while French Canadians were most likely to receive help with transportation. In another study, Payne and Strain (1990) observed no differences between ethnic groups in help received when they compared Anglo, French, German and Ukrainians over age 65 who participated in the 1985 General Social Survey of Canadians. No ethnic variations were found in the likelihood of receiving assistance from a spouse, from children or from extended kin who assisted with any of the tasks measured in the 1985 General Social Survey (ibid.).

Alberta is an ethnically diverse province and is becoming increasingly so with the immigration of individuals and families from other regions of the world, most heavily from Asian countries, during the past decade. While the Alberta Survey samples included only small numbers of people in ethnic groups other than those in the broad categories of "British origins", "European origins" or "Canadian", and so did not allow detailed analyses of potential variations between ethnic groups, there were no statistically significant differences found in the ethnic origins of caregivers when compared to non-caregivers surveyed. Nor were there significant differences in the prevalence of most types of elder care given by ethnic groups, controlling for gender. The exception was found among men and women with Asian origins who were much more likely than other respondents to provide financial support to their elders (70% vs. 17%). Indeed, financial aid was the only type of care that

varied significantly among 1991 Alberta Survey respondents classified on the basis of their ethnic origins.

Even so, the prevalence of elder caregiving was, on average, somewhat higher among certain ethnic or racial groups. These groups included Aboriginal Indians (46%; n=16), Asians (44%; n=24) and Eastern Europeans (41%; n=45). It is possible that these ethnic groups have cultural beliefs about caring for elderly kin that translate into higher than average rates of caregiving. However, the small number of respondents in each of these groups necessitates caution in accepting this finding without further research.

Patterns of Elder Care Provided

Caregiving, as broadly defined in the 1991 and 1992 Alberta Surveys, encompasses emotional support, financial aid, and help with a diverse range of domestic and personal care activities. Respondents who reported they were providing assistance for an elderly relative were asked to indicate the specific types of help they were providing. In 1992, the frequency (daily, weekly, monthly, less than monthly) each type of help given was also recorded.[7]

Figure 3 illustrates the frequencies with which each of 10 different types of elder care were provided by respondents to the 1991 and 1992 Alberta Surveys. There is a remarkable congruence in the rank order of types of assistance given both years, with emotional support, followed by transportation, help with housework, financial aid, and home maintenance occupying the top five positions.

In the 1991 Alberta Survey, the frequencies of care provided, in rank order, were emotional support (73%); transportation (44%); help with housework (26%), financial support (24%); home maintenance (17%); yard work (17%); grocery shopping (15%); personal care (10%); meal preparation

[7]For a discussion of the rationale for this conceptualization of "caregiving', and more information on methods used, see Chapter 4.

(8%); and help with banking (6%). In 1992, emotional support was most often given (77%), followed by help with transportation (43%), help with house cleaning (22%), financial aid (22%), home maintenance (20%), grocery shopping (18%), yard work (17%), banking (12%), meal preparation (10%), and personal care (7%).

These frequency distributions, also summarized in Table 7 and Table 8, reveal another important finding: With the exception of emotional support and, to a much lesser extent transportation, help with domestic activities such as grocery shopping, meal preparation, yard work, and personal care were much less commonly given. In 1992, fully 78% of caregivers gave no financial aid or help with house cleaning, 88% did not help with banking, and 92% did not assist with personal care activities such as bathing, dressing, and toileting. Does this mean that Albertans are abandoning elderly relatives in their time of need? Probably not, for most older Albertans are in relatively good health and able to manage independently the activities of daily living. As Northcott (1992: 54) observes after reviewing dozens of surveys of Alberta seniors conducted over the past twenty years,

> "The great majority of seniors in Alberta are healthy, happy, and able to live independently or with a modest amount of assistance from family, friends, neighbors, and formal support services. [...] In other words, the statistics that fuel the stereotype of the sick and dependent senior citizen arise from the very small proportion of seniors that is indeed greatly disadvantaged. (Northcott, 1992: 54-55).

Overall, the most typical types of caregiving in which Albertans engaged are very similar to those reported in other North American studies. That emotional support was the most commonly cited care is consistent with other studies showing emotional support to be the most commonly identified type of help exchanged by older persons and their children. Brody & Schoonover (1986), for example, found that emotional support was the type of assistance most frequently provided by employed daughters to their mothers; 92% of the 78 mothers interviewed in their study received emotional support from working daughters. Kaye & Applegate (1990) also found that tasks related to providing companionship and emotional support were those most frequently provided by the 148 men they surveyed.

The prevalence of various types of instrumental help given also parallel those reported elsewhere. According to the CARNET survey (1993), the most typical forms of "general eldercare" given were help with transportation, filling out forms, shopping, and home maintenance. As in the Alberta Surveys, comparatively few caregivers engaged in active personal care for elderly relatives such as feeding, toileting or bathing (Martin Matthews, 1992a). The Alberta Survey data also concur with findings of the National Carers Survey of 6,500 employed individuals and 3,500 full-time caregivers in Britain (Opportunities for Women, 1990). Between five and ten percent of these respondents reported providing assistance with personal care activities such as bathing and dressing. And, with reference to the 1982 National Long-Term Care Survey in the United States (Stone et al., 1987), the most frequently given types of instrumental help were assistance with shopping and transportation, findings consistent with the Alberta Survey data.

While many Albertans reported giving only one type of assistance to an elderly relative, usually emotional support, others revealed more complex patterns of caregiving, involving emotional support, financial aid, and help with a range of domestic activities. From the 1991 Alberta Survey data, Pearson correlation coefficients between the various types of assistance were calculated and summarized in Table 9. Several features of this correlation matrix deserve special mention. First, emotional support for an elderly relative was not positively correlated with any other type of care provided. This finding concurs with Kendig (1986), who reports little or no relationship between the strength of elders' expressive bonds with adult children and the amount of instrumental support received from them. It is quite possible that many Albertans are not involved in providing other than emotional support due to the prevalence of "good" health, functional independence, and financial well-being of their elderly kin. Geographical distance between family members may also preclude helping with practical tasks such as meal preparation, while emotional support can be provided at a distance through Sunday afternoon telephone calls, letters, and other forms of distance communication. Hence, emotional support appears uncorrelated to other types of help measured.

Second, financial aid was not positively related to any form of instrumental help. Indeed, there was a weak negative correlation between the giving of financial aid and emotional support to an elderly relative. This unusual relationship appears related to gender differences in caregiving behaviours, differences which are explored more fully later in this chapter. Interestingly, respondents' individual incomes in the past 12 months were unrelated to whether they provided financial support for an elderly relative. Equal percentages of those with incomes less that $10,000.00 or in excess of $40,000.00 reported financial aid to elderly relative; 20% of caregivers in both income groups did so.

Third, various types of instrumental help were positively related, indicating the caregivers who gave one type of instrumental help usually assisted with several kinds of domestic tasks. For example, individuals who provided transportation also assisted their elderly relatives in other ways, as indicated by the positive correlations between the variables "transportation", "meal preparation", "grocery shopping", "house cleaning", and "personal care" (Table 9).

Principal components factor analyses were conducted so as to explore further the patterns of caregiving observed among respondents to the 1991 Alberta Survey. As shown in Table 10, four principal factors were identified and labeled "Financial", "Outings", "Property Care", and "Domestic Help". Emotional support did not load significantly on any of these four components, again indicating that it is usually given independently of financial aid or instrumental help with domestic tasks. Factor analyses also confirmed that financial aid is provided quite independently of emotional support or any type of instrumental help. This phenomenon may symbolize what has been called "intimacy at a distance" -- family members caring about elderly relatives to the extent that they send monetary gifts but, for whatever reasons, do not get directly involved in helping with the activities of daily living. As suggested earlier, this pattern of caregiving is more characteristic of men.

Not surprisingly, help with home maintenance, yard work, and house cleaning all loaded on a common factor arbitrarily named "Property Care" (Table 10). Help with transportation was most

strongly associated with the common factor "Outings", as was help with grocery shopping -- perhaps reflecting that caregivers provide transportation so that their older relatives can do their grocery shopping in the community. Similarly, assistance with banking was most strongly associated with the factor labeled "Outings", suggesting that caregivers help their elderly kin with transportation to financial institutions as well as help manage banking transactions. The fourth factor identified, "Domestic Help", subsumes help with meal preparation, house cleaning, and personal care. Interestingly, meal preparation also loaded on the factor labeled "Outings" - perhaps because family caregivers sometimes take elderly relatives out to restaurants and community events for meals.

Overall, these findings show how the concept of "caregiving" represents human activities as complex and diverse as the individuals who engage in them. Clearly, when talking about "caregiving" it is essential to distinguish between various types of help given and resist generalizing findings from one type of care to another. It is also necessary to consider ways in which patterns of elder care vary according to the socio-demographic characteristics of those who provide assistance to their elders; a simplistic characterization of "caregivers" as women understates the diversity within gender and the similarities between women and men. In particular, and even though no gender differences were found in overall estimates of the prevalence of caregiving among adult Albertans, it is important to take a closer look at how women and men differ, and overlap, in the ways they care for elderly kin. This imperative comes not only from the strength of previous research which insists that elder care is dominated by women, but also by the need to develop more understanding of the time which women, and men, allocate for elder care. Do some women not only care differently from some men, but do some women also "care more" in the sense that they spend more time helping elderly relatives? And, if some women do, then do other women "care less" for their elderly relatives because of competing commitments to the paid labour force? The next section sheds some fresh light on these questions.

Gender Differences and Similarities in Elder Caregiving

Based on the broad definition of a "caregiver" as one who provides emotional support, financial aid, or various types of instrumental help, there were no gender differences in the prevalence of elder caregiving among women and men who participated in the 1991 and 1992 Alberta Surveys. Further, there were no gender differences in the range of assistance provided. Women, and men, did not perform certain types of caregiving work to the exclusion of members of the opposite sex. And, contrary to conventional wisdom, no gender differences were observed among women and men with respect to the help they gave with transportation, grocery shopping, banking, and personal care (Table 7 & Table 8).[8]

If, however, certain other types of care are examined more closely, then some intriguing gender differences can be seen. A closer inspection of help given by Albertans surveyed in 1991 (Table 7) reveals statistically significant gender differences for no less than eight of the ten different types of care recorded. The 1992 Alberta Survey data lend substance to this observation, with gender differences apparent for five of the ten types of help measured.

In both years, men were more likely than women to provide financial aid and help with the outdoor activities of yard work and home maintenance. These findings not only support those of Kaden and McDaniel (1990), among others, but strongly suggest that men, on average, help elderly kin more intermittently than do women. For all three types of assistance dominated by men, "monthly" or "less than monthly" were the modal frequencies these supports were provided. In addition, it will be recalled that financial aid was usually not given in association with other types of help, and that home maintenance and yard work were strongly correlated only with each other (r=.44). That is, men who assisted their elderly relatives in these ways did not usually help with tasks beyond this narrow range

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[8]In 1991, proportionally more women than men reported helping with grocery shopping and personal care.

of activities. Moreover, none of these masculine forms of caregiving entailed an ongoing commitment of time and labour.

Women, in contrast, were more likely than men to provide emotional support on a daily basis, to help with housecleaning on a weekly or monthly basis, and to prepare meals weekly for elderly relatives (Table 8). There was also a weak positive correlation between helping with housecleaning and the age of respondents, indicating that this type of assistance tended to be given by older respondents in the 1991 Alberta Survey sample. These findings parallel the results of time use studies conducted among Canadian families in recent years. In particular, the 1986 General Social Survey found that women are more likely than men to spend time on domestic activities such as meal preparation and clean-up, laundry, and indoor housework (Harvey, Marshall, & Frederick, 1991). They also concur with numerous other studies of the familial division of labour that indicate that daughters are more involved than sons in providing emotional assistance and assistance with household and personal care tasks (Finley, 1989; Horowitz, 1985; Montgomery, 1992; Stoller, 1990).

These gender differences in family caregiving point to the persistence of gender role expectations surrounding the familial division of labour, explanations for which have captured the attention of social theorists for decades (Lee, 1992). However, these observed gender differences, though significant in one sense, should not be exaggerated, given the relatively low proportions of men and women who provided any of these forms of elder care. The predominance of women in certain caregiving activities, and the tendency to describe the caregiver role in terms of emotional support and domestic tasks, reinforce the societal image of caregiving as largely a female endeavour. Yet, to focus only on gender differences in a few activities of daily living minimizes the individualization and complexity of most caregiving situations, not to mention the heterogeneity of people subsumed under the category "caregiver", however defined. Further, as Miller and Cafasso ask,

> What difference does it make if men and women experience and enact the caregiving role slightly differently? Should programs and policies be influenced by this difference? Or are there other facets of caregiving that are more important than the

> socialization and gender-role stereotyped activities assumed to be associated with the dichotomous variable of gender? (Miller & Cafasso, 1992: 506)

Is it not more important to study relationships between the role of caregiver and that of employee in the paid labour force, and the contexts in which these relationships are established and perpetuated? For it is in the context of these gender relationships that conflicts and contradictions in expectations and resources emerge; it is here that debates flare over the problems faced by women in "balancing" work and family responsibilities. Moreover, this is where assumptions that employed women do less for their elderly kin, and so create a massive caregiving crisis for the state, can be tested. As the Alberta Survey data presented in the next section aim to show, these assumptions are simply not true.

Do Employed Women (and Men) Provide Less Care?

The profile of caregivers in the 1991 Alberta Survey sample reveals that, similar to all Albertans surveyed, about 70% of male caregivers are employed full-time, while 42% of female caregivers have full-time jobs and another 23% are employed on a part-time basis (Table 6). Integrating paid work with elder care, rather than relinquishing one for the other, appears to be the norm among women and men in Alberta. Elder care constitutes one of many responsibilities and commitments that Albertans integrate within their lives, along with employment, child care, marriages, volunteer work, watching television, and countless other human activities.

Table 7 offers some revealing comparisons between the proportions of Albertans providing various types of assistance for elderly relatives, controlling for the employment status and gender of respondents to the 1991 Alberta Survey. The first observation to be made is that, where sufficiently large cell sizes permit comparisons of the types of help men and women give, the gender division of caregiving persists across employment categories. Female full-time employees were more likely than male full-time employees to provide emotional support and help with housework, while men employed

full-time were more likely than women in full-time jobs to provide financial aid, or help with home maintenance and yard work. Overall, women employed full-time were slightly more likely than men employed full-time to provide assistance to elderly relatives. Among full-time employees in the 1991 sample, 42% (n=102) of women and 35% (n=166) of men were employed full-time and providing assistance to elderly kin.[9]

Comparing the prevalence of elder care among all women, controlling for employment status, there were no statistically significant differences in the proportions of women providing elder care. In fact, women employed on a full-time or part-time basis were *more* likely than women not in the labour force to report elder care activities (42% vs. 29%). The same pattern also holds for men. Those employed full-time or part-time were *more* likely to be involved in elder care than men who were retired from the labour force.[10] And, comparing men employed full-time with those who were part-time employees, proportionally more men employed full-time than part-time helped with home maintenance (27% vs. 13%). These findings, more than any other, strongly suggest that employed women, and men, do not "care less" for their elderly kin. Rather, they maintain caregiving activities along with employment and multiple other social roles and responsibilities.

There were, nonetheless, a few differences in how frequently women in different employment categories provided certain types of care. More specifically, women employed on a part-time basis were more likely to provide assistance with the time and labour intensive activity of housework when compared to women employed full-time (42% vs. 24%).[11] And, along with women not in the labour

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[9]The 1992 Alberta Survey data support these observations. That year, employed women were more likely than their male counterparts to assist elderly relatives with meal preparation (10% vs 7%), housework (32.% vs 23%), grocery shopping (18% vs 13%), and personal care (13% vs 11%). In contrast, employed males were more likely than employed females to provide financial assistance (34% vs 18%), help with yard work (27% vs 8%) and home maintenance (20% vs 13%).

[10]Retired people had the lowest percentage (21%) of those providing help to elderly relatives. This finding may reflect the age structure of the population, in so far as retired persons are less likely to have relatives older than do persons under age 65. Due to age-related health conditions or limited resources, retirees may be more likely to need assistance than be able to provide it to others. As elderly women are more likely to be widowed and living alone, they may have fewer opportunities to provide help to other older people.

[11]Employment on a part-time basis was positively correlated with providing help with housework, a not surprising finding as women predominate the ranks of part-time workers and domestic work is stereotypically a female task.

force, women with part-time jobs were more likely to allocate time to providing transportation and helping with grocery shopping (Table 7). These findings illustrate how some women employed full-time do face a "caregiving crunch" related to the time they have available for caregiving activities which require several hours of time on a regular weekly basis, and how women who are employed part-time use their unpaid time for such family caregiving activities.

Summary and Conclusion

In this chapter, the notions of "family caregiver" and "caregiving" are examined through a detailed profile of the socio-demographic characteristics and activities of individual Albertans providing assistance to elderly relatives. In so doing, I show that when a broad definition of "caregiver" is used, there were no gender differences in the prevalence of elder care responsibilities among employees in the labour force. The concept of caregiver subsumed tremendous diversity across, and within, gender groups.

Approximately one in three Albertans, in and out of the labour force, were involved to some extent in elder care activities. While there was some evidence of a gender division of caregiving work, data from the 1991 and 1992 Alberta Surveys strongly suggest that women, and men, in the paid labour force are no less likely than other women and men to provide elder care. Notwithstanding the observed gender differences in the types and frequencies of care provided, there appears to be little substance to arguments that elder care is primarily a women's issue, or that women's and men's labour market activities substantially reduce their involvement in elder care. Albertans do not relinquish providing support and care to elderly family members, even though they may have other family caregiving and employment responsibilities. Rather, elder care is more often integrated with other familial and labour force roles and responsibilities. These findings support the assertion by the National Advisory Council on Aging (1990a: 6) that there is "no evidence of an appreciable reduction in the commitment of families to provide informal care to their elderly members".

Employment status, it seems, is not a critical factor in determining whether Albertans help their elderly relatives. Statements causally linking women's increased labour force activities to a crisis in caregiving simply do not bear any weight if it is recognized that women and men in the labour force do care for their elderly kin. Social policy statements reminding Alberta families to care for their members are superfluous, if not insulting, in a province where caring for family members appears to be a normative experience. Are there social and economic costs of caring which are borne by individuals and families? The next chapter documents some of these costs in terms of the impacts which elder care responsibilities have on the labour market activities of employed women and men in Alberta. These impacts, I suggest, are more indicative of the nature of personal and public problems in caring for dependent members of society, now and in future decades. Viewed in this context, elder care cannot be seem as just a women's issue to be addressed within the private domains of families. Social problems in caring for older people must be relocated from the specificity of individual women's behaviours to the larger structural contexts in which elder care is provided by some women, and men, in Alberta society.

Table 7. Profile of Caregivers

1991 Alberta Survey

Variable	Males (n=229) % (n)	Females (n=245) % (n)	Both Sexes (N=474) % (n)
Age Group[12]			
18-29	25 (58)	30 (72)	28 (130)
30-39	32 (72)	29 (71)	30 (143)
40-49	26 (58)	22 (53)	24 (111)
50-64	12 (27)	13 (32)	12 (59)
65+	6 (14)	7 (16)	6 (30)
Marital Status			
Single	20 (46)	18 (44)	19 (90)
Married/C-law	73 (167)	67 (164)	70 (332)
Sep./Divorced	6 (14)	12 (29)	9 (43)
Widowed	1 (2)	3 (7)	2 (9)
Number of Children <18 Years in Household			
None	50 (115)	46 (114)	48 (229)
1-2	39 (89)	40 (99)	40 (188)
3-4	9 (21)	13 (32)	11 (53)
5 or more	2 (4)	0 (0)	1 (4)
Area of Residence			
Calgary	30 (68)	27 (65)	28 (134)
Edmonton	26 (59)	27 (66)	27 (126)
Other city	15 (35)	14 (34)	15 (69)
Town/village	11 (27)	19 (48)	16 (73)
Rural area	17 (40)	13 (32)	15 (72)
Ethnicity			
Aboriginal	3 (8)	3 (8)	3 (16)
Asian	6 (13)	5 (11)	5 (24)
British	23 (53)	32 (79)	28 (131)
Canadian	26 (60)	30 (73)	28 (133)
European	35 (74)	24 (59)	29 (139)
Other	7 (16)	6 (15)	7 (31)
Highest Level of Education			
Elementary	2 (4)	0 (0)	1 (4)
High school	34 (79)	44 (108)	39 (187)
Post-secondary	33 (74)	29 (70)	31 (144)
University	31 (71)	27 (67)	29 (139)

[12]Age range: 18 to 78 years.

Table 7. Profile of Caregivers

1991 Alberta Survey (continued)

Variable	Males (n=229) % (n)	Females (n=245) % (n)	Both Sexes (N=474) % (n)
Occupation			
Managers & Professionals	34 (79)	36 (85)	35 (164)
Clerical & Rel. Occ.	5 (11)	34 (81)	20 (92)
Sales Occupations	6 (14)	9 (21)	8 (35)
Service Occupations	9 (20)	13 (32)	11 (52)
Other Occupations	45 (102)	10 (23)	28 (131)
Individual Income[13]			
<$19,999	21 (48)	59 (133)	40 (181)
20,000-39,999	38 (85)	22 (51)	30 (136)
40,000-59,999	17 (39)	8 (18)	13 (57)
60,000+	16 (35)	1 (4)	9 (38)
Don't know	9 (20)	9 (21)	9 (41)
Employment Status			
Full-time employee	72 (166)	42 (102)	57 (268)
Part-time employee	9 (20)	23 (57)	16 (77)
Other	19 (43)	35 (86)	27 (129)
Employment Status of Spouse/Partner[14]			
Full-time employee	44 (72)	81 (132)	62 (205)
Part-time employee	19 (31)	3 (5)	11 (36)
Keeping house	24 (39)	0 (1)	12 (40)
Other	15 (24)	15 (26)	16 (49)

[13]In past 12 months.

[14]Based on n=330.

Table 8. Types of Help Provided by Employment Status & Sex
1991 Alberta Survey
(N=474)

Type of Help	Full-time Employees		Part-time Employees		Not in Labour Force		All Caregivers		Both Sexes
	M % (n)	F % (n)	M % (n)	F % (n)	M % (n)	F % (n)	M % (n)	F % (n)	Total % (n)
Emotional Support**	68 (97)	80 (71)	81 (16)	80 (45)	54 (36)	82 (82)	43 (149)	57** (198)	73 (347)
Transportation	43 (62)	40 (35)	-- (6)	46 (26)	49 (32)	45 (45)	49 (100)	52 (106)	44 (206)
Housework**	21 (29)	24 (21)	-- (5)	42 (24)	20 (13)	30 (30)	38 (47)	61** (74)	26 (123)
Financial Aid***	33 (48)	16 (14)	-- (7)	22 (12)	26 (17)	15 (15)	64 (72)	37*** (41)	24 (112)
Home Maintenance***	26 (38)	12 (11)	-- (4)	-- (6)	23 (15)	-- (9)	70 (57)	31*** (25)	17 (82)
Yard Work***	27 (39)	-- (7)	-- (4)	-- (6)	23 (15)	-- (9)	74 (59)	26*** (27)	17 (80)
Grocery Shopping*	12 (18)	14 (12)	-- (2)	19 (11)	-- (9)	18 (18)	43 (29)	57 (41)	15 (70)
Personal Care*	9 (12)	-- (7)	-- (2)	-- (4)	-- (4)	20 (20)	39 (19)	61 (30)	10 (49)
Meal Preparation*	-- (8)	-- (10)	-- (1)	-- (6)	-- (7)	-- (7)	40 (15)	60 (23)	8 (38)
Banking	-- (8)	-- (5)	-- (1)	-- (3)	-- (5)	-- (6)	50 (15)	50 (15)	6 (30)
Any Type of Help	35 (166)	42 (102)	43 (20)	41 (57)	30 (43)	29 (86)	48 (229)	52 (245)	100 (474)

*Statistically significant gender difference for all caregivers.

**p<.01, ***p<.001, two tailed tests of significance (chi-square).

"--" Cell size too small for reliable estimate.

Table 9. Types and Frequencies of Elder Care by Sex
(N=382; Females=191 and Males=191)
1992 Alberta Survey

Type of Care	Frequency			
	Daily	Weekly	Monthly or Less	None
	%	%	%	%
Emotional Support				
Females	25	37	17	21
Males	16	36	24	25
Total	20	36	20	23
Transportation				
Females	4	19	18	59
Males	4	19	22	55
Total	4	19	20	57
House Cleaning*				
Females	3	12	16	70
Males	1	4	9	86
Total	2	8	12	78
Financial Aid*				
Females	1	0	14	85
Males	< 1	1	18	70
Total	1	1	16	78
Home Maintenance*				
Females	0	2	8	90
Males	2	6	21	71
Total	1	4	14	80
Grocery Shopping				
Females	2	8	8	82
Males	0	10	9	81
Total	1	9	9	82
Yard Work				
Females	1	2	4	92
Males	3	11	14	73
Total	2	7	10	83
Banking				
Females	1	2	7	89
Males	0	3	11	86
Total	1	3	10	88
Meal Preparation				
Females	4	6	5	86
Males	1	1	3	95
Total	3	3	4	90
Personal Care				
Females	2	4	3	91
Males	0	3	3	94
Total	1	3	2	92

*Statistically significant gender difference ($p<.01$)

Table 10. Pearson Correlations between Types of Care Provided

1991 Alberta Survey

(N=474)

	ES	B	FA	PC	MP	GS	HC	T	YW
ES									
B	-.01								
FA	-.17***	-.04							
PC	.06	.13***	.09*						
MP	.01	.24***	.04	.26***					
GS	.03	.49***	-.06	.12**	.24***				
HC	-.04	.22***	-.07	.16***	.30***	.17***			
T	.04	.19***	-.10*	.13**	.12**	.27***	.15***		
YW	-.11*	.04	.00	.03	.05	.07	.25***	.01	
HM	-.12**	.09*	.04	.02	.08	.12**	.20***	.07	.44***

* p<.05, ** p<.01, *** p<.001, 2 tailed t-tests.

Key:

Emotional Support	(ES)
Banking	(B)
Financial Aid	(FA)
Personal Care	(PC)
Meal Preparation	(MP)
Grocery Shopping	(GS)
House Cleaning	(HC)
Transportation	(T)
Yard Work	(YW)
Home Maintenance	(HM)

Table 11. Principal Components Factor Analysis

of Elder Care Provided

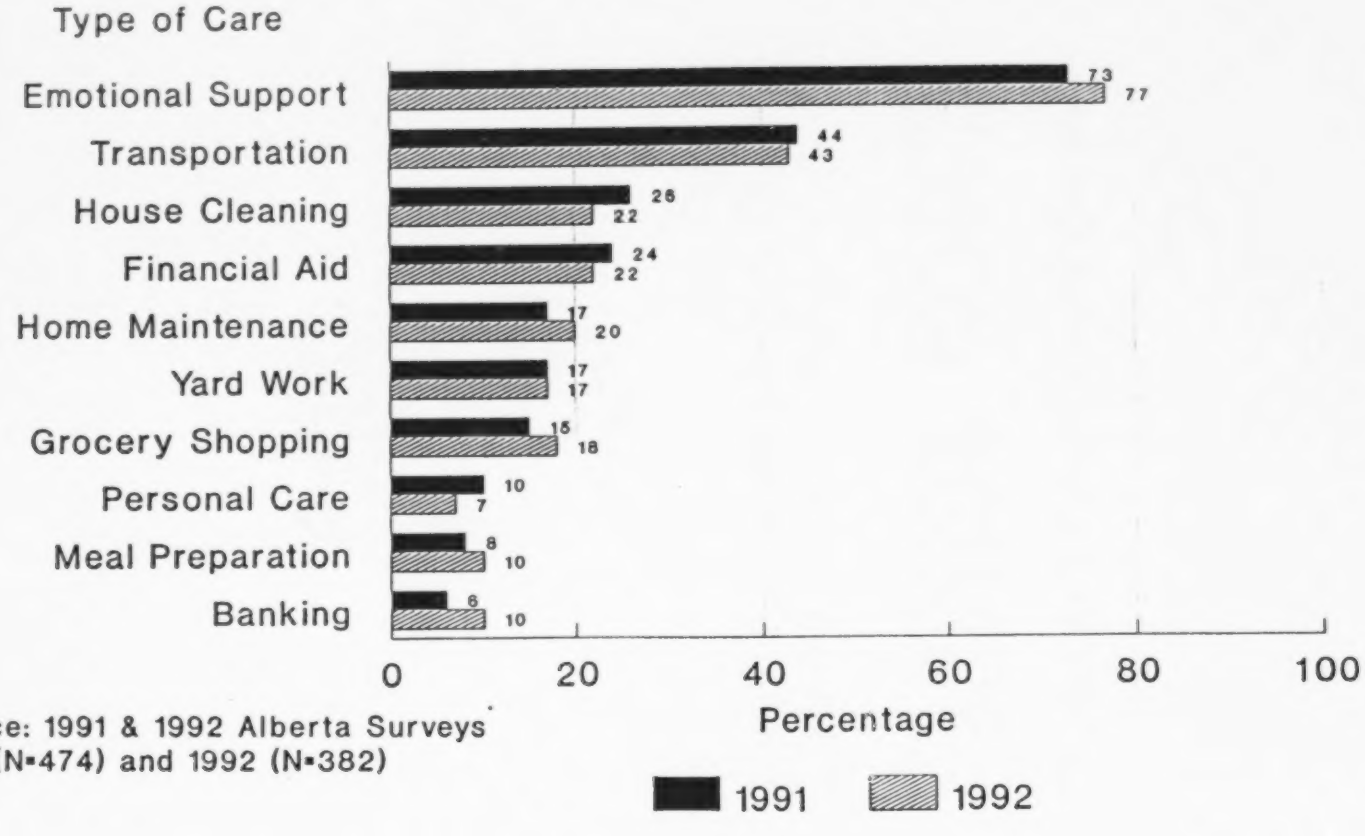
1991 Alberta Survey

(N=474)

Factor Matrix

Type of Care	Factor 1 Financial	Factor 2 Outings	Factor 3 Property Care	Factor 4 Domestic Help
Financial Aid	.99950	.00033	-.00008	-.00003
Emotional Support	-.16913	.00079	-.15514	.07423
Transportation	-.05891	.88793	-.12799	-.11074
Banking	-.03618	.56064	-.02644	.12974
Grocery Shopping	-.09578	.31415	-.00968	.11516
Meal Preparation	.04171	.34459	.10921	.47734
Personal Care	.09635	.19325	.04920	.35310
Yardwork	-.00009	.16275	.70648	-.16070
Home Maintenance	.03788	.20581	.54896	-.11367
House Cleaning	-.06928	.29043	.35669	.34813

Figure 3. Types of Elder Care Provided
Alberta, 1991 & 1992



Source: 1991 & 1992 Alberta Surveys
1991 (N=474) and 1992 (N=382)

Figure 4. Estimated Prevalence of Elder Caregiving by Employment Status and Sex

1991 (N=1345) & 1992 (N=1277) Alberta Surveys

Chapter 6. Effects of Elder Care on Employees and Employers

Introduction

This chapter elaborates on the nature of relationships between elder caregiving and labour market activities, and documents ways in which elder care is not only a personal trouble for some employed women and men, but is also a public issue of enormous economic significance for employers and the state. A review of primarily North American literature on this subject sets the stage for detailed analyses of relationships between elder caregiving and labour market activities within the province of Alberta. New empirical evidence obtained from the approximately 2,600 respondents to the 1991 and 1992 Alberta Surveys provide the basis for estimates of the prevalence of absenteeism from paid work, self-reported problems with job performance, plans to change work arrangements, and exits from the labour force attributed to elder care responsibilities, all major impacts of family caregiving documented in the literature. This chapter delineates the nature and prevalence of these personal troubles and public issues among women and men in Alberta, exposes the pervasiveness of these difficulties among the Alberta labour force, and points toward needed changes in the ways that employers respond to workers with elder care responsibilities.

Moreover, evidence is presented that women's labour market activities are disproportionately affected by current and anticipated responsibilities for elder care. Rather than being a major cause of a "crisis in caregiving", women are the ones who, more often than not, experience crises in caregiving. Women appear most vulnerable to the long term economic and social consequences of curtailing labour market activities, some to the point of relinquishing paid work altogether, because of strongly felt commitments to care for older relatives. Neo-conservative ideas emphasizing individual and familial responsibilities for caring, the importance of women's nurturing roles for the well-being of families and society, a limited welfare state, and a predilection for market-based, economic solutions to social problems pressure women to assume family caregiving roles.

Findings of Previous Research

Based on semi-structured interviews of 30 British caregivers, Glendinning (1992: 103-104) paints a very pessimistic view of the costs of caring. She observes that giving help and support to a severely disabled or frail elderly person almost invariably has an adverse affect of some kind on carers' labour market participation. Among her small convenience sample of carers, employment choices and opportunities were extremely restricted, if they existed at all. It was very unusual for anyone of them to have begun or resumed paid employment since starting to care, and most carers who were currently in paid work were simply managing to retain jobs which they had previously held. Around half of them now had reduced earnings, or disposable incomes which were lowered by the purchase of substitute care. Further, notes Glendinning, incomes had also been lost by carers who had given up paid employment altogether because of the disabled person's care needs. Most of them had already lost earnings before leaving work altogether. Around half of the remaining quarter of the sample, who had not been in paid employment at the time they began to provide a great deal of care, were currently unable to re-enter the labour market and knew that this extended period out of work was likely to have an adverse effect on their future employment prospects (Glendinning, 1992: 103-104).

Undoubtedly, elder caregiving does not occur without social and economic costs to women and men, their families, and employers (Barr, Johnson, & Warshaw, 1992), although the experiences of all caregivers do not coincide with the dismal scenario painted by Glendinning (1992). Shifting to consider the findings of American studies, however, a Vice-President of Personnel Administration for The Travelers Companies affirms that, "Caregiving hours and stress affect job performance and productivity. The unavoidable pull of caregiving often leads to lost time at work and absenteeism. Experienced workers may even have to quit their jobs or cut back on hours in order to care for elderly relatives" (Wagel, 1987: 5). Further, when the corporate members of the New York Business Group on Health were surveyed about their awareness of elder-care interference on work performance, "Two-thirds of them mentioned absenteeism, lateness, use of unscheduled days off, and excessive use of

telephones. They felt that elder care responsibilities negatively affected work performance" (Winfield, 1987: 36). In general, caregiving employees appear to experience greater absenteeism, time away from the job during the work day, and job interference associated with family responsibilities than do other employees, even after controlling for employees' age, gender, health, and parenting status (Scharlach and Boyd, 1989).

A study carried out by the National Association of Area Agencies on Aging (1987) in the United States found that over three-quarters of women surveyed reported conflicts between employment and caregiving, and 35% said that caregiving had affected their work, usually because of time pressures. A "Work and Family" study conducted by the Conference Board of Canada gives some support for those findings. A slightly greater percentage of employees who indicated that they or someone in their households provide care to "other dependents" reported they experienced difficulties in balancing their work and home responsibilities (MacBride-King, 1990a).

The 1982 Long-Term Care Survey in the United States indicated that approximately 9% of caregiving daughters and sons left the labour force to care for a disabled elderly person (Stone, Cafferata, & Sangl, 1987). The likelihood of a husband or wife quitting to provide care was essentially the same (14% and 11%, respectively), but 12% of the daughters left their jobs to become caregivers compared with only 5% of the sons. Other survey findings were that 20% of all caregivers reported conflicts between work and caregiving, resulting in them having to alter their work schedules in some way. About 20% reduced their working hours, 29% rearranged their schedules, and 19% took time off without pay to fulfill caregiver obligations. Women, and especially daughters, were more likely than men to use all three alternatives (Stone et al., 1987: 620).

In an often-cited study based on a convenience sample of 150 married women providing care for their mothers in Philadelphia, Brody, Kleban, Hoffman, & Schoonover (1987) compared four groups of parent caring daughters. Women not in the paid labour force were divided into "traditional

nonworkers" (n=52) and formerly employed women who had quit work to care for their mothers (n=20); while employed women were divided into those who were conflicted because of parent care (n=20) and those who were not (n=58). Among the 78 employed women caring for their elderly widowed mothers, "parent care had made them miss work (58%), caused work interruptions (47%), made them lose pay (18%), robbed them of the energy to do their work well (17%), limited their job choices (15%), and made them wish they did not work (17%)" (Brody et al., 1987: 206). The 20 women who had quit their jobs had the oldest and the most disabled mothers, had been helping longest, and were the most likely to have their mothers living in their households.

Overall, American studies of absenteeism yield two distinct trends: (1) On average, caregivers have a greater number of absences from paid work than do non caregivers; and (2) A sizable proportion of caregivers report that their absences are specifically due to elder care responsibilities (Gonyea, 1992). A survey conducted by Anastas, Gibeau and Larson (1990) of 425 employees caring for frail elders found that while, on average, these workers had missed only one and one-half days in the past year, 15% (n=62) had missed a week or more because of elder care demands. Scharlach and Boyd's (1989) study of 341 employees with elder care responsibilities found that in the previous two months approximately one-third took at least one day off from work with pay, one third had left work early, and 15% had arrived late or extended a break.

However, there is some evidence that the impacts of elder caregiving are not equally distributed among employed caregivers. Archbold (1983: 43), for example, found "the spillover of care-managing activities into work time was particularly problematic for women in nonprofessional, bureaucratic positions which are less 'forgiving' than professional positions". She cites the example of a physician who reported taking time off several afternoons to arrange parent-caring service and experienced no repercussions, while a secretary was reprimanded because she made too many personal calls on company time when establishing supports for her mother.

Family caregiving responsibilities not only limit some individuals' abilities to perform their current jobs, but also present barriers to career development. In Alberta, a "Balancing Work and Family Survey" conducted with 18,583 Alberta Government employees revealed that over half (54%) of respondents with dependents agreed with the statement, "Family responsibilities limit my ability to take educational or upgrading programs" (Alberta Government, 1991d). Similarly, Anastas et al. (1990) found that work-elder care conflicts had resulted in 14% of caregivers missing outside conferences, 13% missing overtime opportunities, and 7% refusing a more responsible position.

A number of studies have also examined the impacts of elder care on employees' decisions to either enter or leave the labour force. In general, the data suggest that elder care responsibilities can exert considerable pressure on caregiver's employment decisions. From the 1982 Long Term Care Survey, it is learned that among unemployed caregivers who had worked during the previous year, 28% said that caregiving interfered with their ability to look for a new job and 21% had declined job offers because of anticipated conflicts between work and family responsibilities (Abel, 1987). Another national survey of American workers with frail elders revealed that almost 25% had assumed the caregiving role prior to their current job and 8% felt that caregiving had influenced their selection of that particular job (Anastas, Gibeau & Larson, 1990). Corporate surveys of employees caring for elders have found that 8% to 18% of respondents have considered quitting their jobs because of the difficulties they experience in meeting the dual demands of paid work and family responsibilities (Brody et al., 1987; Scharlach & Boyd, 1989).

In summary, previous studies have consistently found that, for some employed caregivers, elder care responsibilities are associated with increased rates of absenteeism from paid work, more job stress, restricted opportunities for career development, changes in work arrangements, and decisions to leave the labour force. There is also some evidence that women are more likely to respond to the pressures of combining employment elder care, and other responsibilities by reducing their hours of paid work, rearranging their schedules, and taking time off without pay (Stone et al., 1987).

Unfortunately, however, many of these findings are derived from small, convenience samples or otherwise biased samples selected from employees of a few large American corporations. The generalizability of these results to the general population of adults, or to Canada, is therefore very questionable. Moreover, a number are plagued with methodological problems detected in previous studies of family caregiving, including inconsistencies in definitions of "caregiver" and "employee", and tendencies not to distinguish between, and among, individuals in these social roles. The Alberta Surveys overcome many of these methodological limitations, largely due to the size and representativeness of its samples, and provide new evidence which bears directly on the impacts of elder care on employment as experienced by women and men in Alberta in the early 1990s. Attention is now directed toward considering evidence obtained from the 1991 and 1992 Alberta Surveys.

Findings from the Alberta Surveys

In the previous chapter, the conventional wisdom that employed Albertans are less likely to provide care for their elderly relatives was strongly refuted. There was little evidence that employment *per se* has a negative effect on the prevalence of caregiving among women and men in this province. There was, however, some indication from the 1991 and 1992 Alberta Survey data of a reverse effect. That is, involvement in elder caregiving was observed to influence rates of absenteeism from paid work, self-assessed work performance, and plans to change work arrangements.

Here, three key questions are addressed: (1) What is the nature and prevalence of past and present effects of elder caregiving on the labour market activities of adult Albertans?;[1] (2) Are these

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[1]Effects of elder caregiving on absenteeism were assessed by asking the women and men surveyed if, in the past 12 months, they had taken time away from a paid job to provide assistance to an elderly relative. Those who reported absenteeism from paid work for this reason were then asked to indicate the total number of work days that they had taken away from a paid job for elder care. In 1992, respondents were also asked whether these absences had occurred without loss of pay.

Other measured impacts of elder care on employed caregivers were (1) whether a worker had quit a job at some time in the past because of responsibilities to care for an elderly relative, and (2) diminished work performance attributed to elder care responsibilities. An anticipated impact of elder care on employment was measured in terms of expectations of changing work arrangements at any time in the future because of responsibilities to care for elderly relative(s).

effects different for men than for women in the labour force, or are they stratified according to gender and/or other socio-demographic characteristics of employed caregivers?; and (3) In what ways, if any, do Albertans differ in their attitudes and expectations of changing work arrangements because of responsibilities to care for elderly kin?

Obtaining answers to these questions are of critical importance not only to test the generalizability and validity of earlier research in this area. They demonstrate the importance of considering elder caregiving *in relation to* employment, rather than as distinct activities which bear no relationship to each other. In so doing, evidence is provided which supports the thesis that the social provision of elder care is not just a private concern of individual women, and men, but that it is a public issue which impacts on employers and the state through losses in worker productivity, job turnovers, and changes in employment arrangements made because of elder care responsibilities.

Understanding of these issues is advanced by obtaining valid estimates of the prevalence of these effects in the Alberta labour force, and by the development of a more finely grained picture of those individuals who experience personal difficulties with balancing elder care and employment. Accurate descriptions of the nature and prevalence of these problems, and who are most likely to be affected by them, are essential for the development of employment conditions and social policies which facilitate the continued employment of those individuals who face the greatest barriers to integration of employment with elder care.

In addition, exploration of the differential impacts, and responses to, elder caregiving among employed Albertans support the argument that, generally compared to men, women are more likely to anticipate changing their work arrangements because of elder care responsibilities, and thereby place themselves at greater risk for economic dependency in later years. This finding, to be explored further in the next chapter, underlines the ideological and structural barriers facing individuals who care for

their elderly kin, and calls for affirmative actions which remove barriers to full participation in economic and civic activities because of family caregiving responsibilities.

The balance of this chapter presents a series of past, present, and potential effects of elder care on the labour market activities of women and men in Alberta. These effects range from self-reports of diminished work performance, to absenteeism from paid work, plans to change work arrangements, and exits from the labour force. The prevalence of one of these impacts, diminished work performance, will be considered first.

How Elder Care Affects Job Performance

Difficulties in identifying appropriate measures to assess employees' productivity -- both the quantity and quality of work performed -- have limited the amount of research exploring the link between elder care and employee's job performance. Yet, the literature does suggest that employees do not leave family caregiving concerns behind when they enter the work place and that, from a corporate perspective, the most important implication of employees' elder care responsibilities is the impact of caregiving on work performance (Creedon, 1988). Nearly half of managers surveyed by the New York Business Group on Health felt that they had observed declines in the work performance of employees coping with elder care. Almost two thirds (64%) of the managers said that these employees made excessive use of the telephone for personal reasons (Creedon, 1987). Brody et al. (1987) found that almost half (47%) of working women reported that parent care caused work interruptions and 17% felt that this care decreased their energy to do their job well. Still, many employed caregivers actually experience *less* caregiving strain than those who are not employed because of the economic and psychological benefits they receive through employment (Scharlach, Sobel, & Roberts, 1991). Because these previous studies have generally treated employment as a unitary construct, little is known about the particular conditions under which employment is apt to have positive or negative effects on caregiver strain (ibid.).

Data obtained from the 1991 and 1992 Alberta Surveys offer an improvement over previous research in this area because they yield information from the perspectives of employees themselves about the impacts of elder caregiving on job performance. Up to this time, descriptions of these problems have been dominated by the perspectives of employers and managers to the exclusion of individual employees and the general public. In addition, as Chapter 3 notes, previous research on the impacts of elder care on employment has been based primarily on employees of specific corporations, and hence findings cannot be said to represent the entire labour force population. Overcoming these limitations, the Alberta Survey yields new information from the perspectives of employed Albertans, and in so far as the sample surveyed is representative of the adult population of Alberta and the provincial labour force, yields information that can be generalized to the entire labour force of this Canadian province.

To begin, in 1991 Albertans were asked, "Has your job performance ever been negatively affected because of responsibilities to care for an elderly relative?" Only 6% (n=57) of all respondents said "yes". This prevalence rate is quite close to that found in a 1986 American Association of Retired Persons survey; 5% of people surveyed in that study said that caregiving interfered regularly with job performance (AARP, 1986). These findings are also consistent with Scharlach's (1991) observation that, in most elder care surveys, the majority of caregivers experience no work impairment at all. However, the possibility remains that these prevalence rates underestimate the extent of difficulties experienced by some employees due to their elder care activities. In a nonsupportive work environment, employees may be reluctant to admit that they are experiencing such problems. This may be the case, according to Winfield (1987: 32), "because the tradition of separation of work and family life remains strong - especially among older female employees who are most often confronted with elder care - for fear the employer will not understand". It is also possible that some employees may attribute their work performance problems to job stressors other than elder care.

Who, then, were more likely to report that their work performance had been negatively affected by elder care responsibilities? Consistent with the above-average prevalence of elder caregiving among Albertans in their 30s and 40s, employees in these age groups were a little more likely to agree that their job performance had been negatively affected by family responsibilities for elder care. Eight percent of employed women and men between the ages of 30 and 49 indicated that their job performance had been negatively affected because of responsibilities to care for an elderly relative, compared to the 6%, on average, of all employed Albertans surveyed.[2]

More importantly, women were slightly more likely than men to report negative impacts of elder care on their job performance (8% vs. 5%). Though not statistically significant, this observed gender difference may be symptomatic of some women's greater involvement in caregiving, and the fact that, with few exceptions, women have been forced to find their own, as opposed to collective, solutions to problems integrating paid and unpaid work.

Absenteeism from Paid Work Due to Elder Care

Absenteeism from paid work for elder care reasons seems partly based on the belief that this is the "right thing to do".[3] Widespread support for the idea of taking time away from paid work to help an elderly relative was translated into action by one in five Albertans (18%; n=239) during the 12 months prior to the 1991 Alberta Survey. In 1992, 14% (n=182) of all Albertans surveyed similarly did so. Among those employed full-time, the prevalence of absenteeism due to elder care was even higher, averaging 25% (n=179) in 1991 and 20% (n=134) in 1992 (Table 12).

How long, on average, were Albertans away from their jobs due to elder care? In 1991, the mean number of work days taken in the past 12 months was 8.5 days, while the median was 5 days

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[2]Small cell sizes do not allow meaningful comparisons by specific age groups.

[3]Support for the opinion statement, "People should take time away from paid work to help an elderly relative", and absenteeism due to elder care were positively, albeit weakly, correlated ($r=.15$, $p<.001$).

among the 140 men and 90 women who reported absences from paid work for this reason.[4] Almost identical results were obtained from the 1992 Alberta Survey sample. That year, a mean of 8.4 work days, with a median of 4 days, were taken off by the 182 employees who reported absences in the past 12 months due to elder care.

How do these absenteeism rates compare to those among full-time, full-year workers in Alberta? From 1987 to 1990, Alberta had the lowest provincial average of workdays lost among full-time paid workers in all industries (Akyeampong, 1992). The Alberta Survey absenteeism rates due to elder care are far above the provincial annual average of 2.2 days lost due to personal or family responsibilities, and the total of 7.3 workdays lost per worker among full-time paid workers in Alberta during 1990 (Akyeampong, 1992). Clearly, elder care responsibilities are an important reason why some employees in Alberta are absent from their jobs during the year, and why some employers incur significant losses in productivity.

In considering who, among all employees surveyed, would be more likely to miss work due to elder care, it stands to reason that such individuals would be more heavily involved in caring for elderly kin. This hypothesis gains support from the Alberta Survey data. Employed caregivers more intensely involved in providing help to elderly relatives, as evidenced by self-reports that they provided both emotional support and practical assistance with activities of daily living, were more than twice as likely to have been absent from paid work in the past 12 months than employees who provided only emotional support, or help with a single type of domestic activity. That is, 31% (n=62) of employees providing emotional support and other types of help had been absent from work due to these caregiving activities during the past 12 months, while just 15% of employees providing only one form of help reported absenteeism for this reason. It seems the more heavily people were involved in elder care, as

[4]The median is a statistical average that indicates the halfway point between the highest and the lowest number of days taken from paid work due to elder care.

indicated by the broader range of care they provided, the more likely a third of them were absent from paid work for this reason.

From the gender differences observed in patterns of elder caregiving among adult Albertans (Chapter 5), a logical assumption might be that the prevalence of absenteeism due to elder care was higher among women than men surveyed by the Population Research Laboratory. This was not, however, the profile which emerged. The "typical" Albertan who reported absenteeism related to elder care responsibilities was a male in his forties who was employed full-time in an occupation which allowed considerable flexibility in time use. Comparisons of absenteeism rates across gender groups, age groups, among full-time and part-time employees, and according to respondents' other labour force characteristics yielded this composite picture of an employee with above average chances of reporting absenteeism due to elder care.

Setting the issue of gender differences aside for the moment, that Albertans in their forties, both women and men, had the highest rates of absenteeism due to elder care is consistent with their higher than average involvement in caregiving for elderly relatives. It will be recalled that persons in this age group are most likely to have living relatives aged 65+, and hence are more likely to be engaged in aspects of caring for older kin, some of whom may need considerable amounts of help due to chronic health problems and functional disabilities. This age-related characteristic of an "absentee employee" is, therefore, not surprising. Still, however, men in this age group were *more* likely than women to report absenteeism due to elder care. Fully 27% of men in their forties had done so, compared to 17% of women aged 40 to 49. How can this observed gender difference be reasonably explained?

One plausible explanation stems from the higher rates of full-time employment, as well as the higher labour force participation rates, among men in the Alberta Survey samples. Compared to part-time employees of both genders, higher proportions of individuals employed full-time reported time

away from paid work due to elder care. Indeed, taking time from paid work for elder care was positively associated with being employed full-time ($r=.21$, $p<.001$). Among men reporting time away from paid work due to elder care, 83% had full-time jobs, while only 64% of women reporting absenteeism due to elder care had full-time jobs. As Table 12 shows, comparisons between men and women employed full-time in 1991 indicate that men employed full-time were more likely than women to have taken time away from a paid job for elder care reasons (28% vs. 17%). The same pattern holds in the 1992 Alberta Survey data, although the gender differences between full-time employees are not so striking. Among part-time employees, the inverse relationship occurred; fewer men than women employed part-time reported time away from paid work because of elder care. However, this finding must be interpreted with caution due to the very small numbers of men who were employed part-time and reported absenteeism due to elder care.

It is quite possible that part-time employees, the majority of whom are women, arrange to help elderly family members during times when they are not scheduled to work at a paid job. Recalling Steuve and O'Donnell's (1989) argument that employment may influence when, but not if, individuals provide help to older relatives, the scheduling of help to elderly relatives may be done so that it conflicts minimally with paid work time. Rather than not provide assistance, women may change when, not if, they help their elderly relatives so to minimize absenteeism from paid work. With their higher rates of part-time employment, women may have lower absenteeism rates due to elder care because they provide this care during times when they are not engaged in paid work.

As well, women may be more likely to *add* elder care activities to their daily or weekly schedules without reducing the time they commit to paid employment. Employed male caregivers, in contrast, may regard elder care as a competing commitment which necessitates a temporary reallocation of time from paid work to specific, time-limited, activities. In other words, elder care may be a responsibility which women "add-on" to their paid work time, possibly at the expense of full-time employment and/or leisure time, while for men it is a commitment which occasionally reduces the time

they allocate for paid work without exacting any lasting changes in their full-time employment status. This interpretation mirrors a conclusion reached by Bielby and Bielby (1988: 1051) with regard to gender differences in allocation of effort toward paid work and household activities. For them, "it seems that women's allocation of work effort is unaffected by responsibilities for household chores -- demands on their time that they take for granted -- whereas men do make adjustments in their allocation of effort to work that depend on how much time they put in on chores at home". In a similar fashion, women's allocation of time to paid work appears unaffected by responsibilities for elder care, whereas men make adjustments to their allocation of time to paid work that depends on how much time they allocate to elder care.

While there were no statistically significant gender differences in the number of days taken from paid work to provide assistance to elderly relatives, there was some suggestion that men were usually absent from their jobs for shorter periods of time than were women employed full-time. In 1991, the 131 male full-time employees who reported time away from paid work for elder care took a mean of 7 days for this reason during the 12 months prior to the interview. While fewer (n=48) female full-time employees reported days off to help an elder, those who did averaged 11.2 days, or about two weeks, from work for this reason. That is, while fewer women employed full-time, on average, reported absenteeism due to elder care, women tended to be away from work for longer periods of time, perhaps because they were engaged in a broader range of caregiving activities than men, and provided more frequent emotional support in combination with help with domestic activities.

Absenteeism due to elder care appears to be dictated more by an individual's position in the life course, and by socially constructed gender roles, than by labour force characteristics such as occupation, industry of work, or membership in a union or professional association. People in every occupational group reported absences from paid work during the past 12 months so to provide assistance to an elderly relative. It did not matter whether caregivers were employed in "white collar",

"pink collar", or "blue collar" jobs; absenteeism due to elder care was reported by employees across the entire range of occupations coded.

The ability to use time in a flexible way is a very important structural condition which influences patterns of absenteeism due to elder care. This observation is borne out by the fact that some Albertans who were self-employed, or in occupations affording more flexibility in time use, reported more time away from their jobs so as to assist elderly relatives. To illustrate, the highest percentage of men taking time away from their economic livelihood for elder care reasons was observed among men working in the agricultural sector of the economy (33%; n=20). As the majority (59%) of Canadian agricultural workers were self-employed in 1991 (Krahn & Lowe, 1993), it is possible that the Alberta farmers who reported time away from their work to help older relatives were able to give more help because they controlled decisions about how they used their time and were not subject to external constraints on time use imposed by bureaucratic structures. Given that publicly funded community health resources such as home care and institutional hospital care are available, if not more so, for seniors in rural regions of Alberta, it is doubtful lack of formal supports can account for this occupational difference. However, greater needs for assistance with transportation, a frequently raised concern among seniors in rural regions where the population is sparse and the distances great (Alberta Government, 1992f), may cause family caregivers who are farmers in rural areas of the province to take more time off from their work so as to help older relatives in this way.

Another example supporting the greater flexibility in time use hypothesis can be drawn from the above-average absenteeism rates observed among managers and administrators surveyed in 1991. Fully 30% (n=43) of administrators and managers reported absences related to elder care in the 12 months prior to the time interviewed. In contrast, less than two in ten employees in clerical (14%; n=40), sales (19%; n=24), and service (18%; n=22) jobs, predominately female occupations, were absent from their jobs due to elder care. Employees in these lower level occupations typically have much less control over their work schedules, and are less likely to have negotiated family-related leave

benefits (White, 1993). Further, the majority usually have highly ordered and regulated jobs, with little control over how and when they perform their work. As a result, many clerical, sales, and service workers may not have the option of deciding if, when and how long they take time away from paid work for elder care reasons.[5]

These observed occupational differences in absenteeism may be also explained by the older ages, in general, of persons in senior level management positions. This age-related difference is, in fact, a reason given for support found among some senior corporate executives for elder care programs to assist employees. Winfield (1987: 36) suggests, "Although corporate policy makers may no longer have young, dependent children, they are very likely to have aging parents; as a result, they probably have a greater consciousness of caring demands." Having had some personal experience with elder caregiving, and the demands that it can make on paid work time, senior managers may be more sensitive and responsive to elder care issues, recognizing the impacts of absenteeism on corporate profits, of course (MacBride-King, 1990b).

Circumstances of Absenteeism

It was remarkable to find that most Albertans taking away from paid work for elder care did so without loss of pay. Among full-time employees, fully 87% of men and 75% of women who had taken time off for elder care in the past 12 months had done so without loss of income.[6] Overall, 48% of the 182 Albertans reported they had taken leaves from work for elder care did so without loss of pay.

For Albertans who were self-employed, such as the farmers interviewed, a loss of income would not be attributed to taking time away from their work in order to assist an elderly relatives.

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[5]Small numbers of employees reporting absenteeism due to elder care, disaggregated by occupational groups, do not allow further exploration of these differences.

[6]However, among part-time employees, a group that usually has few, if any, benefits for family related reasons, only 6% of men and 11% of women reported paid leave for elder care.

Among salaried workers, many could have relied on informally negotiated work arrangements to meet needs to arrive late for work, shorten work hours in a given day, or make other temporary changes to work arrangements so as to provide occasional support to older relatives, even though paid leave for elder care was not a formally negotiated benefit. Others may not have identified elder care as the reason why they were absent from paid work, using instead vacation time, personal sick leave, bereavement leave, or other negotiated leave benefits for the purpose of providing emotional support or "hands on" assistance to elderly relatives. Whatever the nature of these arrangements, that at least 75% of full-time employees basis who took time away from paid work for elder care did not incur any loss of wages attests to the economic costs to employers of employees' elder care activities. Elder care responsibilities clearly necessitate flexibility in work arrangements and supportive employment conditions, with "elder care leave" provisions high on the list for some employees.

Expectations of Alternative Work Arrangements

From Chapter 4, it will be recalled that needs for care among the minority of frail seniors, especially those in the fastest growing 85+ age group, are expected to increase sharply in the next 30 to 50 years. During the same period of time, shortages of accessible family caregivers for frail elderly people are anticipated due to established demographic trends toward low fertility, smaller families, dual earner couples, higher divorce rates, and geographical dispersion of family members. Looking to the future, it was, therefore, important to ask Albertans, "Do you expect to change your work arrangements at any time in the future because of responsibilities to care for an elderly relative?"

In 1991, 17% (n=151) of all Albertans surveyed said that they expected to change their work arrangements at some time in the future due to elder care responsibilities. Various options for changing work arrangements to accommodate elder care responsibilities were explored with Albertans who participated in the 1992 Alberta Survey. Overall, it was found that 40% of full-time and part-time employees, men and women, expected to change their work hours, 21% anticipated changing jobs, and

14% thought they might quit their jobs altogether because of elder care commitments (Table 13). Changing work hours was the most frequently identified strategy, followed by changing jobs and, lastly, quitting a job.

These individuals differed from other caregivers, and noncaregivers surveyed, in a number of important ways. First of all, the greatest expectations of changing work arrangements due to elder care responsibilities were found among women. Women were more likely than men to consider using any one of these options as a means to provide care for an elderly relative (Table 13). This highly important gender difference, consistent with the findings of Stone et al. (1987), is present among both full-time and part-time employees. However, it is especially pronounced when male and female part-time workers are compared. To illustrate, more than half (51%) of women employed part-time expected to change their work hours due to elder care responsibilities, while 38% of men in part-time jobs expected to do so. As well, women were somewhat more likely to envisage taking a different job at some time in the future although there were no statistically significantly gender differences in this regard.[7] Still, twice as many women as men (18% versus 8%) considered relinquishing a paid job in order to care for dependent elders in their families (Table 13). This finding has not been previously documented in the literature.

Women employed on a part-time basis were much more likely to consider quitting a paid job for elder care than were women currently employed on a full-time basis (23% vs. 13%). Future research is needed to determine if women in part-time jobs are less strongly attached to the labour force, and if, in future, caregiving responsibilities "pull" them completely from the paid work if these responsibilities prove very demanding of their time and energy. Unfortunately, these women are least likely to have family-related employment benefits, pension plans, or individual incomes that allow

[7]Part-time employment was positively related to expectations of changing jobs because of family caregiving for elderly relatives, a not surprising finding as women are disproportionately represented among part-time workers.

them to be independent from their spouses/partners or the state (Duffy & Pupo, 1992), and thus they are at greater risk of social and economic dependency in their later years.

There also were some notable age-related differences in expectations of changing work arrangements due to elder care responsibilities (Figures 5, 6 & 7). As seen in attitudes toward taking time off from paid work for elder care, proportionally more young adults aged 18 to 29 years (20%; n=42) anticipated making such changes compared to people aged 30 to 49 years (16%; n=70) or 50 to 64 years (14%; n=11). Women under age 40 were particularly likely to agree that, thinking into the future, responsibilities to care for elderly relatives might cause them to change their hours of work from, for example, full-time to part-time employment. Approximately 50% of these young women now in the Alberta labour force considered this to be a future possibility in their lives. In addition, expectations of quitting a paid job due to elder care responsibilities were highest among women in their 30s.[8]

Caring for elderly relatives can be a long-term commitment which intensifies as chronic, debilitating health problems progress and functional abilities decline. Looking to the future, employed caregivers now providing help to an elderly relative were more likely than noncaregivers to expect changing their work arrangements because of elder care responsibilities. What these caregivers could see ahead of them was not a release from caregiving, but increasing commitments which were incompatible with their current work arrangements. Among male caregivers now employed, 26% (n=47) expected to change work arrangements; 23% of employed female caregivers shared this expectation. Not surprisingly, expectations of changing work arrangements were even higher among caregivers heavily involved in caregiving, most of whom were women. Those now providing emotional support and other types of instrumental help were more likely to anticipate changing their

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[8]Interestingly, 20% of single, never married employees said they expected to change their work arrangements due to elder care responsibilities, a percentage slightly higher, but not statistically significantly different, from the mean of 16% among married caregivers.

hours of work, or their jobs, than caregivers only providing emotional support or occasional help with transportation or home maintenance.

Quitting and Retiring: Labour Force Exits Due to Elder Care

In 1991, a small, but substantively significant, group of 47 people (4% of the total sample) said they had quit a job at some in the past because of responsibilities to care for an elderly relative. Women in the 65 to 74 age group were most likely of all to say that they had quit, and likely retired, from the paid labour force, because of commitments to care for an elderly relative; 11% (n=7) had done so. Having an older, disabled spouse was a likely reason why some of these women had permanently left the labour force. Among all those who had quit a job and had living spouses or partners, fully 20% said that their spouse or partner was disabled.

Quitting a job due to elder care responsibilities can be the last in a series of effects on an individual's labour market activities. A small group of the Albertans interviewed had experienced all of these effects of elder caregiving, emphasizing the multiple, potential impacts of elder care on employed caregivers. Actually quitting a job because of responsibilities to care for an elderly relative was positively correlated, albeit weakly, with self-reports of diminished job performance attributed to elder care responsibilities ($r=.14$, $p<.001$), taking time away from a paid job in the past 12 months so as to help an elderly relative ($r=.09$, $p<.001$), and expectations of changing work arrangements in future because of responsibilities to care for an elderly relative ($r=.13$, $p<.001$). These findings substantiate those of Scharlach, Sobel & Roberts (1991) who found that work disruptions associated with caregiving were significantly associated with caregiver strain and the likelihood of job turnover. Brody et al. (1987) similarly observed that life-style disruptions and caregiving strain were more prevalent among employed caregivers who were considering quitting or had reduced their work schedules because of caregiving than among other employed caregivers. These findings indicate that, for a

minority of employed caregivers, family responsibilities for elder care take precedence over paid work, and that the notion of "balancing" work and family responsibilities is not possible or desired by them.

Summary and Conclusion

In this chapter, relationships between elder care and labour market activities have been explored and elaborated through a review of the literature and detailed analyses of information obtained through the 1991 and 1992 Alberta Surveys. While most employed caregivers in Alberta did not report that their work performance had been negatively affected because of responsibilities to care for an elderly relative, or indicate absenteeism from their jobs, plans to change their work arrangements, or quitting a job for this reason, many Albertans surveyed did experience these problems. About 20% of women and men employed full-time had taken time off from paid work in the past 12 months so as to help an elderly relative, 6% of all 1991 respondents said their job performance had been affected, 11% of women in the 65-74 age group said that they had quit their jobs, and quite likely retired, because of commitments to care for an older relative (most likely a disabled spouse), and at least 20% of full-time and part-time employees expected to change their work arrangements in some way because of elder care responsibilities. Moreover, these impacts, with the exception of absenteeism, were consistently higher among women than men. The higher absenteeism rates observed among men surveyed were primarily explained by men's higher rates of full-time employment, and by the tendency for women, proportionally more of whom are employed part-time, to schedule caregiving activities during times when they are not engaged in paid work.

Women, especially those in their 30s and 40s and those employed part-time, had the greatest expectations of changing their work arrangements in future because of elder care responsibilities. Not only had many of these women taken the "part-time solution" to balancing work and family responsibilities, they anticipated making other changes to their work arrangements so as to care for older relatives. These expectations speak to the life long commitments which many women make to

caring for others, and the greater propensity of some women to forego full time employment for this reason, assuming that they have this choice.

Yet, for most caregivers, full-time employment was the norm and will continue to be so until such time as full-time work is no longer an option. One major implication of this reality is that some full-time employees do, from time to time, take time away from their paid work so as to assist their elderly relatives. These absences translate into significant losses in productivity for individual employers and for the Alberta economy as a whole. Indeed, absenteeism is undoubtedly the greatest source of lost productivity for employers due to employees trying to balance competing job and family demands (Krahn & Lowe, 1993: 160). From a study of employees of Transamerica Life Companies in the United States, Scharlach (1988) estimated the average annual costs of employee elder care at $2,500 per caregiving employee, reflecting absenteeism, time off during business hours, missed overtime, reductions in productivity because of added stress and fatigue, and the expenses of unnecessary job turnover, rehiring, and retraining (Scharlach, Lowe & Schneider, 1991). Based on an absenteeism rate of 20% among full-time employees, this translates into about $50,000 per year in lost productivity costs for a company with a hundred employees. Projected to all full-time, full year male (356,000) and female (N=245,000) workers in Alberta in 1990, these estimated annual losses rise to $300,500,000.00! The costs of caring can be, it seems, quite high for employees, employers, and the state, even though these expenses may go unrecognized in modern accounting systems.

This crude estimate of the economic costs of employee elder care, though questionable, shifts the focus from women's labour market activities as a source of problems in the social provision of care to consideration of the seen and unseen economic costs arising from the effects of elder care on the labour market activities of employed women and men. These effects are shouldered not only by employees, but are borne by their co-workers, their employers, and governments. Not only is elder care a personal trouble for some employed people, it is a public issue of immense importance which has evaded the attention of most employers and policy makers up to this time. Elder care, like Betty

Friedan's description of the "problem which has no name", is a silent problem creeping through the Alberta economy. The failure of most employers and policy makers to recognize its presence creates more barriers to the effective resolution of problems with caregiving at all levels of society.

This chapter has contributed to our understanding of the nature and extent of these problems in several ways, yielding new information on the prevalence of the effects of elder care on the labour market activities of Albertans, and detailing who, among all Albertans surveyed, are most likely to report diminished job performance, absenteeism from paid work, expectations of changing work arrangements, and quitting a paid job due to elder care responsibilities. These effects, and the broad spectrum of workers who experience them, creates a stronger basis for the argument that the social provision of elder care is a public issue and a legitimate reason to restructure the conditions of employment so as to enable those employees, who choose to care for elderly kin, are able to do so without loss of income or job security. The evidence presented also points to the gendered nature of these impacts, with women particularly vulnerable to changing their work arrangements due to family responsibilities for the care of dependents, and thus limiting their participation in the formal economy of the province for this reason. By considering the provision of elder care in relation to labour market activities, and conducting these analyses in ways that are sensitive to gender differences and similarities, the argument is strengthened that major changes are needed in the ideological and structural conditions influencing the social provision of care so individuals and families have viable options for meeting the needs of frail older relatives, and are not limited from full participation in the social, economic, and civic life of the province by family care responsibilities.

The next chapter delves into the employment conditions under which workers in Alberta integrate employment with elder care, and shows how problems in caregiving can be precipitated by the lack of workplace supports for employees with family responsibilities for elder care. Reasons why employers and unions have, and have not, considered elder care an important problem are explored. It is argued that the barriers facing employed caregivers are particularly problematic for women, many of

whom have taken the "part-time solution" to resolving work and family conflicts. The chapter concludes with examples as to how elder care problems have been effectively addressed through re-organization of workplace practices in a few organizations, and points toward needed changes in social policies surrounding pro-rated benefits for part-time workers, improved pension plans, and expanded community support services for older people.

Table 12. Absenteeism Due to Elder Care

by Employment Status and Gender

Employment Status & Year	Men % (n)	Women % (n)	Both Sexes % (n)
Full-Time Employee			
1991	28 (131)	20 (48)	25 (179)
1992	21 (91)	19 (43)	20 (134)
Part-Time Employee			
1991	-- (2)	19 (26)	16 (28)
1992	-- (8)	12 (16)	13 (24)

Source: 1991 & 1992 Alberta Surveys

"--" Cell size too small for reliable estimate.

Table 13. Expectations of Changing Work Arrangements

Due to Elder Care Responsibilities

by Employment Status and Sex

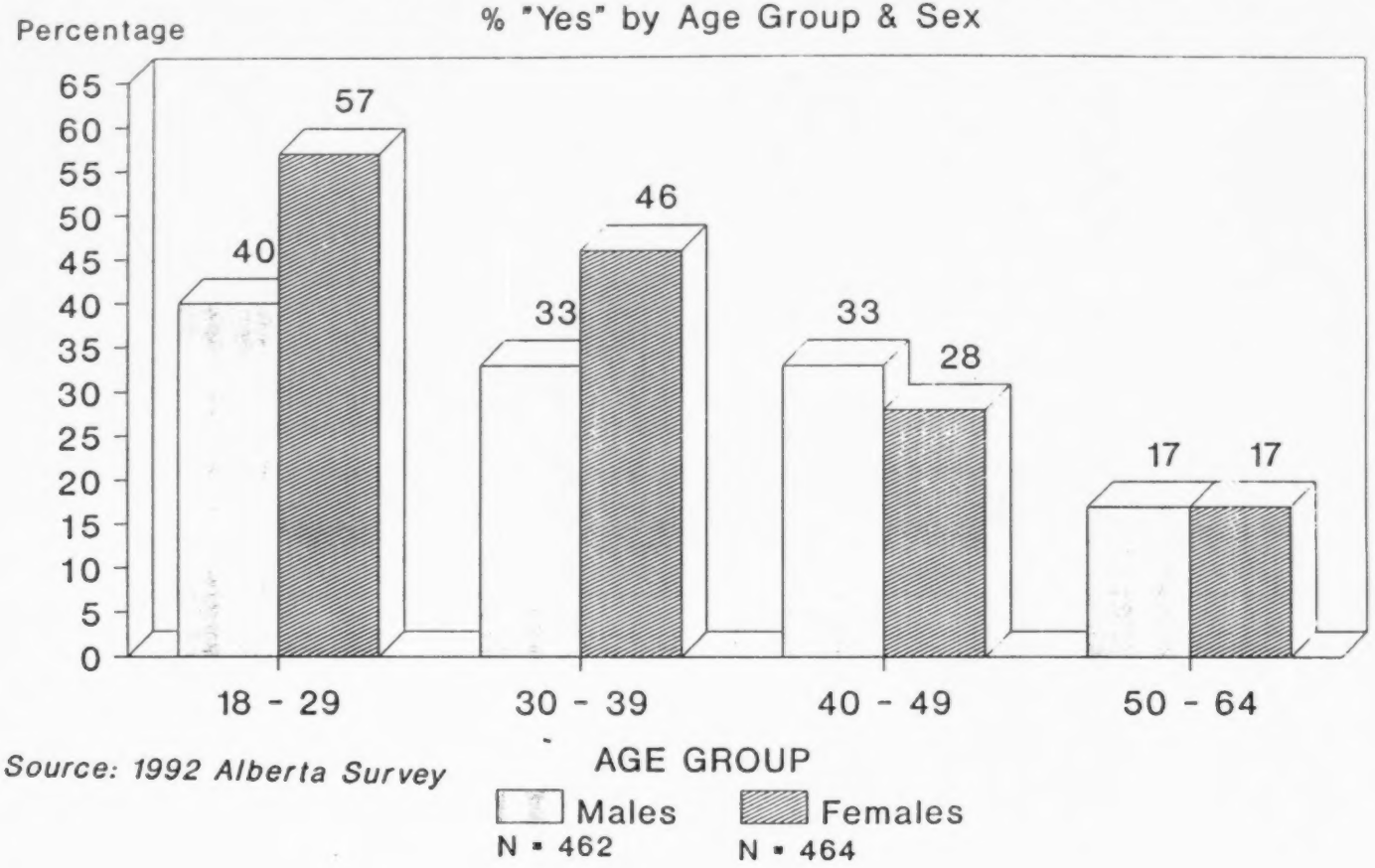
Expected Changes	Full-time Employees		Part-time Employees		Full-Time & Part-Time Employees	
	%	(n)	%	(n)	%	(n)
Change Work Hours						
Men	33	(133)	38	(20)	36	(153)
Women	35	(83)	51	(65)	43	(148)
Both Sexes	34	(216)	45	(85)	40	(301)
Change Job						
Men	16	(68)	22	(12)	19	(80)
Women	18	(44)	29	(37)	24	(81)
Both Sexes	17	(112)	25	(49)	21	(161)
Quit Paid Work						
Men	8	(33)	8	(4)	8	(37)
Women	13	(31)	23	(28)	18	(59)
Both Sexes	11	(64)	16	(32)	14	(96)

Source: 1992 Alberta Survey

Figure 5

IN FUTURE MAY CHANGE WORK HOURS DUE TO ELDER CARE RESPONSIBILITIES

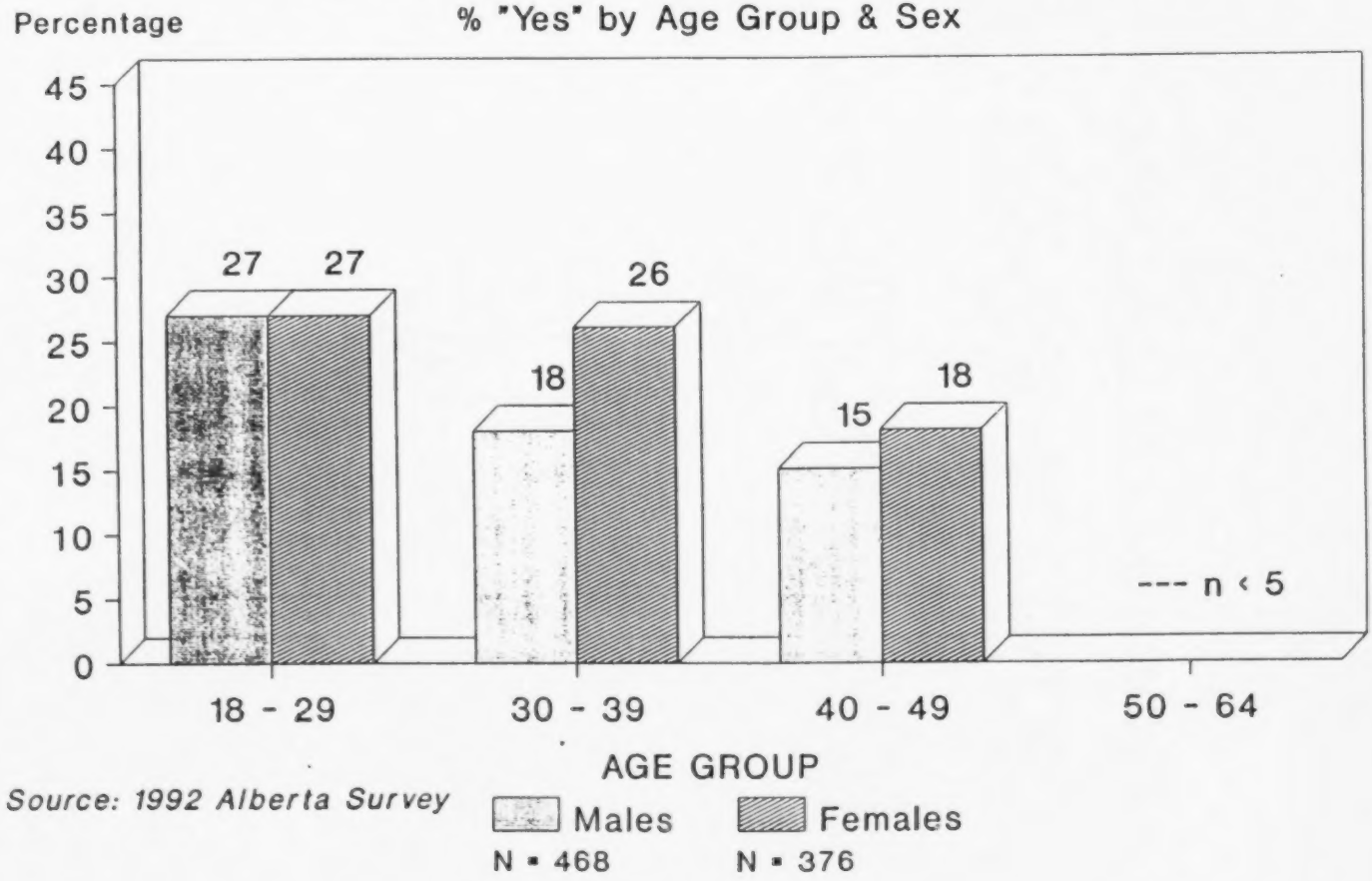
% "Yes" by Age Group & Sex



Source: 1992 Alberta Survey

Figure 6

IN FUTURE MAY CHANGE JOBS DUE TO ELDER CARE RESPONSIBILITIES

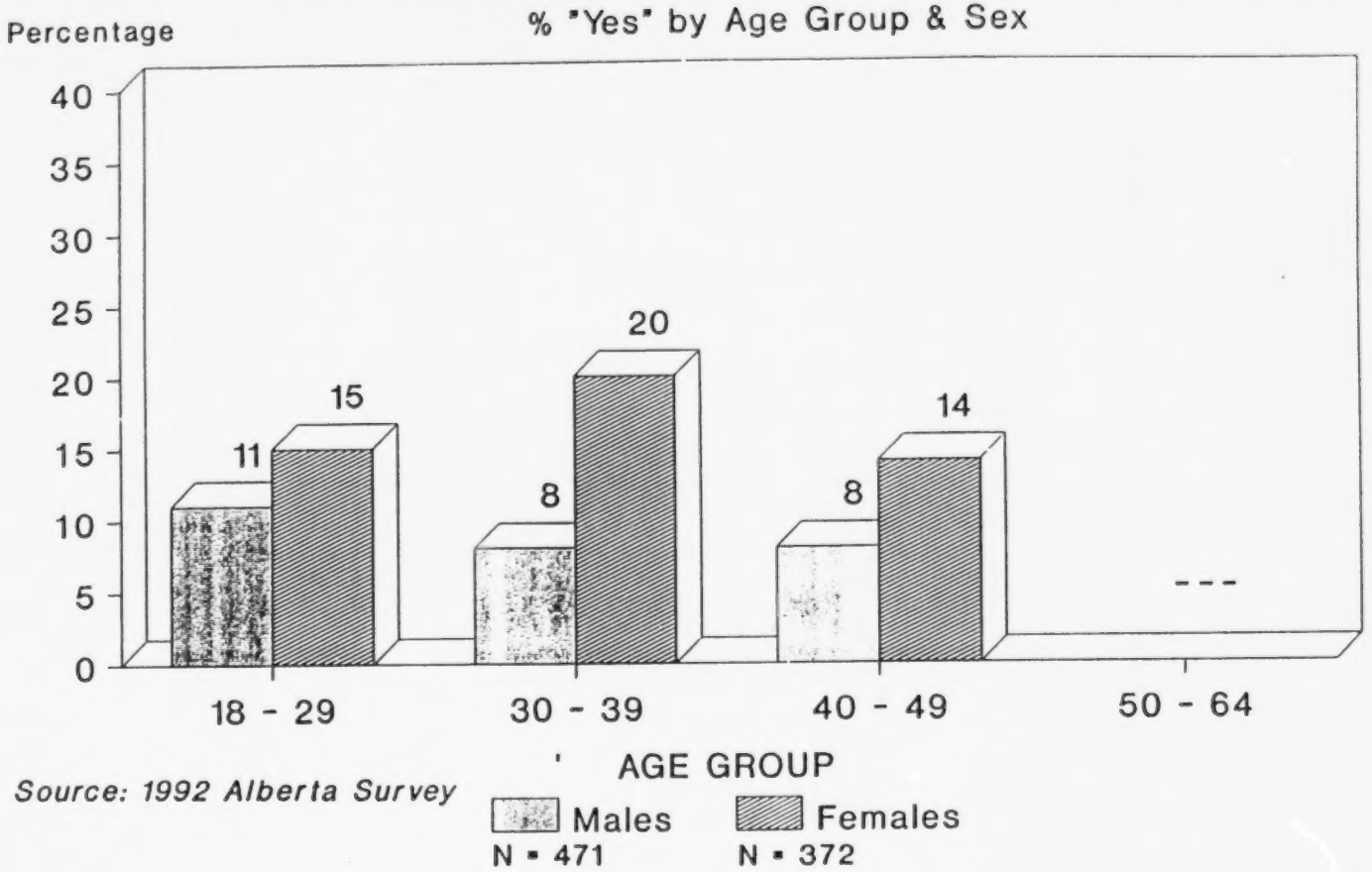


Source: 1992 Alberta Survey

Figure 7

IN FUTURE MAY QUIT PAID JOB DUE TO ELDER CARE RESPONSIBILITIES

% "Yes" by Age Group & Sex



Source: 1992 Alberta Survey

Chapter 7. Elder Care and Employment Conditions

Introduction

The conditions under which women and men integrate employment with elder care reflect complex and often contradictory political, economic, and social trends in Canadian society. In particular, as Kumar and Coates (1991: 41) make clear in their 1991 analysis of trends and emerging issues in Canadian industrial relations, troubled and uncertain domestic and international economies, industrial and corporate restructuring, changing labour market trends and patterns, the rapid and broad-based diffusion of technology, new regulations and legislation concerning taxation, pension, pay and employment equity and occupational health and safety, and public policy developments related to trade liberalization, privatization, deregulation and cuts in government program expenditures continue to strain labour-management relations in terms of response and accommodation.

The employment conditions under which caregiving occurs are examined from a number of perspectives in this chapter. First, the views of representative samples of adult Albertans about needs for elder care benefits, and the nature of their employment conditions in relation to elder care, are examined. What emerges are differences in opinion which parallel the prevalence of elder caregiving among the Albertans surveyed, and which reflect the disproportionate effects of employment and family caregiving responsibilities on women now employed part-time. For those Albertans, particularly women, engaged in caring for elderly relatives, the need for changes in the organization and conditions of paid work is particularly acute. However, public opinion on these matters stands in stark contrast to public policies in Alberta which repeatedly emphasize individual and familial responsibilities, in contrast to state and employer-sponsored initiatives, for the social provision of care.

There is little reason for optimism that improvements to employment conditions will occur as long as power relations between employers and employees, and between men and women, continue to favour the interests of male-dominated, profit-driven employers and a debt-laden provincial

government. This chapter takes a look at the reasons why employers have, and have not, responded to elder care issues among employees, and illustrates the ways in which corporate interests guide discussions on the need to address "work and family" issues in the labour force.

For the most part, the dominance of the corporate agenda to increase productivity and profits have gone unchallenged by male-dominated unions preoccupied with issues of job security, pensions, and the preservation of existing benefit packages. In the past, organized labour has not placed a high priority on negotiating provisions specifically related to family responsibilities (Coates, 1991). For example, in a Labour Canada Survey of trade unions on family responsibility leave, it was found that

> although many respondents supported the concept of family responsibility leave, the issue has not had a high priority [...] for those unions which have had to concentrate their efforts on job security. Some unions with a predominately male membership felt the issue of family responsibility leave was not relevant to them (Labour Canada, 1988c: 21)

Consequently, as this chapter shows, family-related benefits relevant to elder care are sparse in collective agreements. So-called "women's issues" such as child and elder care have so far been marginalized within organized labour.

As rates of unionization in Alberta (25.8%) are lower than anywhere else in Canada, with the national average at 34.1%, and women are less likely to be members of unions that are men, workers in Alberta are less likely to have access to collective bargaining and the opportunity to raise social concerns such as elder care in negotiating the terms and conditions of employment.[1] Only within the highly unionized (78.3%) public sector of Alberta, where women predominate as members, have work and family issues received much attention. Even here, these initiatives have been pushed aside in 1993 as unions focus on issues of job security and the protection of existing benefits in collective agreements in reaction to provincial and federal governments' efforts to "downsize" and "restructure" the public

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[1]Occupation and industry of employment, not gender per se, are major factors in the differential in the proportion of union membership between men and women in Canada (Kumar & Cowan, 1989: 19)

service through mechanisms such as alternative work arrangements, privatization, and "contracting out" services once provided by public sector employees.

But if employers in Alberta, and in other capitalist democracies, are slow to respond to elder care issues, this does not mean that viable alternatives to the status quo do not exist. The final section of this chapter identifies and discusses various policies and programs which have the potential to assist individuals balancing employment and elder care responsibilities, and to increase women's opportunities to achieve greater equality as family caregivers, employees in the paid labour force, and as citizens. Part-time employment is *not* one of the alternatives recommended, for it serves to entrench gender inequalities in obtaining access to paid employment and to further the economic and social dependence of women on men and the state.

The chapter concludes on a rather pessimistic note, for there is little evidence that the preoccupation of politicians and the business sector of Alberta with deficit reduction and recovering from the latest economic recession will lead to improvements in employment conditions so as to support workers in the labour force with family caregiving responsibilities. Problems in caregiving, for the foreseeable future, are unlikely to capture the attention of employers, unions, and the state as employer. Individual women, and some men, will continue to bear the effects of elder care on employment and their domestic lives, and will be compelled to find individual solutions to the problems they may encounter in so doing.

Public Opinion on Employment and Elder Care Benefits

In a series of provincial government forums in which Albertans were invited "to speak out about Alberta families", work and family issues and the need for employers to become more supportive of employees with family responsibilities emerged as central concerns. According to the report emanating from this public consultative process,

> The conflict between work and family is viewed as one of the most critical issues affecting Alberta families. Concerns and issues center around the difficulty in balancing time between work and family; the need for more flexibility in the workplace [...] " (Alberta Government, 1992c: 15).

Albertans recognized the interconnectedness of families and workplaces in the formal economy, and they wished that employers would recognize this, too. More specifically, increased flexibility in work arrangements to enable employees to balance work and family commitments were seen as desirable. Moreover, there was some degree of consensus among Albertans that, "Government, businesses, communities and agencies must re-evaluate their performance and redirect their efforts, with respect to their impact on families" (Alberta Government, 1992b: 34).

There also seems to be broadly based public support among Albertans for the idea of taking time away from paid work to help elderly kin. When asked to rate their support for the opinion statement, "People should take time away from paid work to help an elderly relative", 75% (n=1322) of respondents to the 1991 Alberta Survey said they strongly agreed or agreed (Figure 8). The range of possible scores was from 1 (strongly disagree) to 7 (strongly agree), and actual scores ranged from 1 to 7, with a mean of 5.3 and a median of 5.

Reflecting the strong degree of public consensus on this issue, there were no significant differences of opinion when Albertans' were compared on the basis of their gender, marital status, region of residence (urban/rural), education, occupation, employment status (full-time, part-time, or unemployed), affiliation with unions, or industry of work. There also were no significant differences of opinion between respondents with, or without, responsibility for the care of a dependent, elderly adult or children under the age of 18 in the same household. Elder care was widely perceived as a legitimate reason for absenteeism.

There were, however, some age-related differences of opinion on this subject. In general, as age increased, support for the notion of taking time from paid work decreased ($r=-.16$, $p<.000$).

Interestingly, those least likely to express agreement taking time from paid work to help elderly relatives were retired females (n=114), the age/gender group comprising the majority of Canadian seniors (Gee & Kimball, 1987). Their opinions on this subject differed significantly from those of women who were not retired, but did not differ from those held by most retired men.[2] Only half (51%) of the retired women in the 1991 Alberta survey sample supported the idea that people should take time from paid work to help an elderly relative.

Possible reasons for these age and gender differences in opinion were not explored with respondents, but appear consistent with 1990 Alberta Survey age-specific data on preferences for familial provision of care. In particular, given the hypothetical situation of being old, frail, and unable to care for oneself independently, those aged 18 to 24 years were *most* likely (about 60%) to express support for the statement, "My family will care for me". In contrast, those aged 65 years and older in the 1990 sample were *least* likely (about 25%) to prefer family care in this situation (Krahn, Odynak, & Gubbins, 1991). The cautious endorsement of family care evident among the oldest Albertans may be explained partly by the National Advisory Council on Aging's (1990a: 9) observation that

> Many seniors in need of care are very reticent to request or accept help despite their degree of need. This reticence may arise from a variety of sources including a fierce desire to remain autonomous and an understanding of the limits to the time and energy available from their potential caregivers because of other responsibilities.

Jane Aronson (1991) has observed that older Canadian women experience a contradiction between needing support and security and wanting to adhere to cultural values of independence and self-sufficiency. An outcome of this contradiction may be the relatively weaker support for family care and elder care benefits in the workplace found among the oldest women who responded to the 1991 Alberta Survey.

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[2]Retired Albertans differed significantly from those under age 65 in their opinions on this subject. Retirees were more likely to strongly disagree or disagree with the idea of taking time from a paid job so as to help an elderly relative.

In an insightful paper on inter-generational ties in Norway, Daatland (1990) sheds further light on this issue. For him, the contrast between what responsibility an adult child will accept for old parents, and the responsibility the elderly are willing to impose on their own children, may go to the core of the issue. Like all persons, young and old alike, older family members may find it easier to give than to receive; easier to be the independent provider than the dependent receiver (Daatland, 1990: 10-11). These observations remind us of the importance of taking into account the needs and preferences of frail elderly people regarding who, and under what circumstances, they receive care from others. Moreover, they underline the fact that public policies which place the bulk of responsibilities for caring on families may not be consistent with the preferences of older people who do not want to be forced into dependent relationships with their children, if any, or with other younger kin.

Similar views were obtained from Albertans who participated in the 1991 Alberta Survey, and strongly suggest there is widespread public support for employer and state initiatives which would redistribute responsibilities for elder care beyond the private, idealized world of individuals and families. In response to the opinion statement, "Employers should provide flexible working hours and other work arrangements to allow employees to care for elderly relatives", 66% (n=877) of respondents to the 1991 Alberta Survey said they strongly agreed or agreed (Figure 8). Support for this viewpoint cut across socio-economic groups, urban and rural regions of the province, ethnic and religious backgrounds, and unionized and non-unionized employees. Crises in caregiving are not just personal troubles; many Albertans see them as public issues as well.

It will be recalled that one in three Albertans surveyed in 1991 and 1992 were engaged in caring for elderly relatives (Chapter 5), and that 20% of employed caregivers reported that elder care responsibilities had caused them to be absent from work during the past 12 months (Chapter 6). The opinions of employed caregivers about the need for, and adequacy of their employment conditions with regard to their elder care responsibilities are particularly important to consider, for it is this subgroup of the labour force which has direct experience in integrating these activities. Perhaps not surprisingly,

women and men in the labour force who were also caring for elderly relatives were less likely to agree that, "The nature and benefits (family related benefits, information, and money) of my job make it easier for me to care for elderly relatives (if the occasion arose)". Overall, one third (32%) disagreed, 12% gave no opinion, while 56% agreed (Figure 8).

Further, about one in four Albertans surveyed disagreed with the opinion statement, "My work is flexible enough to allow me time off if I need to provide some help to elderly relatives" (Figure 8). Again, disagreement was highest among the employed caregivers surveyed. Men and women did not differ widely in their opinions about the nature and flexibility of their work arrangements, nor did opinions vary according to age group or occupation.

Many Albertans perceive that their employers are insensitive to employees' elder care problems. Only 57% (n=372) of employed respondents to the 1992 Alberta Survey agreed that, "My employer is supportive of employees with family responsibilities for elder care" (Figure 8). There were no gender, age, employment status, or occupational differences of opinion about the supportiveness of employers toward employees with elder care responsibilities, but Albertans who were actually involved in elder care at the time surveyed were *least likely* to agree with this opinion statement.[3]

In sum, Albertans generally appear to view elder care not just as an individual or familial responsibility to be addressed outside of workplace, but as an issue that carries implications for employers and the conditions of employment. Individual Albertans who have personally experienced the challenges of integrating employment with elder care seem more cognizant of the structural barriers they face because of the lack of supports for employed caregivers in most workplaces. Women employed in part-time jobs were especially likely to voice dissatisfaction with their employment conditions, and to agree that employers should respond to family-related issues which surface in the workplace. These experiences and expectations are suggestive of a need for sharing responsibilities for

[3]There was a weak positive correlation (r=.10, p<.01) between current elder caregiving and negative responses to this opinion statement.

elder caregiving beyond the private realm of families, and for developing roles for the state and employers in responding to elder care problems.

The expectations widely held among Albertans that employers *should* provide flexible work arrangements and other employment benefits to assist employees with elder care responsibilities are at odds with private and public sector employers who oppose greater equality for women, a highly developed welfare state, and increased benefits for unionized employees. In the main, the conditions of employment encountered by women and men in Alberta and elsewhere in Canada are not conducive to shifting responsibilities for elder care to a more equitable balance between families, employers and the state, and between women and men. In what follows, this chapter examines the extent to which employers, unions, and the state as employer provide access to paid employment and family-related benefits that allow Albertans to integrate employment and elder care responsibilities, and finds them all wanting. There is no strong evidence that existing ideological and structural barriers to women obtaining greater equality in and out of the labour force will be reduced, or that the gendered division of caring labour will be shifted in such a way that women will not disproportionately experience the effects of elder caregiving on employment and other aspects of their lives.

Productivity and Profits: Why Employers Are Concerned about Elder Care

During the 1980s, elder care evoked minimal concern among employers and prompted no major expansions of family related benefits in American workplaces (Kamerman and Kahn, 1987). Recently, however, a few Fortune 1000 companies in the United States have begun to pay attention to elder care issues, recognizing the effects of employees' caregiving activities on corporate productivity and profits. Scharlach, Schneider and Lowe (1991: xv-xvi) link American employers' interest in elder care to a number of demographic and social trends described earlier (Chapter 4), including the "recognition by employers that work life and family life are inextricably linked and that family

responsibilities can significantly affect job performance", "the aging of the population", "the shrinking size of the American family", and the "increased participation of women in the paid work force".

More to the point, James T. Mills (1988: v), Chairman of the United States Conference Board, emphasizes the economic basis of concerns about elder care among American corporations. In his words,

> Companies cannot afford the lost productivity of workers who cannot cope with the emotional and economic strains associated with caregiving. So it is not surprising that companies are beginning to take a serious interest in employees and elder care. This heralds a change in corporate thinking. It acknowledges that personal problems can no longer be kept at home and that work performance is affected by factors outside the office or factory floor.

Arguments by business leaders who emphasize the importance of work and family issues are inevitably based on the same rationale offered for almost anything corporations do these days: the goal is to increase competitiveness in a global economy. Increasing worker productivity, lowering labour costs, and controlling access to highly valued resources are key strategies for accomplishing this aim. Terms of reference for the discussion of "work and family" issues have been dictated by employers, not by employees or unions, and are dominated by references to "global competitiveness", "productivity", "profits", and "marketplace advantages". Winfield (1987: 39), for example, suggests that "Maintaining a competitive corporate advantage may depend increasingly on how easily employees can access help in crises involving elderly parents and during the prolonged dependencies that will affect one-fourth to one-third of the elderly population."

In Canada, James R. Nininger, President of the Conference Board of Canada, frames his reasons for addressing work and family issues in this way:

> With the globalization of commerce and the rapid pace of technological change, the business environment is becoming more competitive. It is increasingly being recognized that achieving a sustained competitive advantage in this environment is highly dependent upon the quality and motivation of one's workforce. [...] The increasing number of women in the labour force and the slight decline in male participation are causing some firms to query whether current salary and benefit structures -- once adequate to attract, retain and motivate qualified employees -- will meet the needs of the new labour force. Consequently, some organizations have re-

> evaluated their benefit structures to remain competitive through a motivated workforce. (Nininger, in MacBride-King, 1990a: vi)

That employers and employees, in that order, both stand to benefit by implementing flexible work arrangements and other alternative work arrangements is another frequently heard theme. Reflecting this attitude, an American Vice President of Human Resources Administration, Allstate Insurance Company, suggests that corporations need to evolve in order to fulfill their own as well as their employees' family and employment needs. In his view, flexible work arrangements can result in a "win-win" situation for both employees and the company. If the work environment addresses family issues, it is said, then employees will be less stressed and more productive in their jobs, which will benefit companies (Graham, 1990: 376).

Urging companies to address work and family issues, Mikalachki & Mikalachki of the University of Western Ontario's School of Business argue that in an age of global competition and a shrinking labor pool, attracting and retaining the best employees is a necessity that can only be accomplished by choosing from a more diverse pool - a pool that includes both men and women - and providing these employees with the structural and individual support that will benefit both the employees and the organization. Further, they lend their support to the idea promoted by the human relations school of industrial relations that

> To compete successfully in the global economy of the next decade, wise leaders will surround themselves with the best people who, increasingly, will come not only with talent and skills, but with needs that they expect organizations to recognize and support. (Mikalachki & Mikalachki, 1991: 52)

For Helene Paris, author of the Conference Board of Canada's report on "*The Corporate Response to Workers with Family Responsibilities*", the question for employers appears to be how to respond to employees' work and family conflicts without jeopardizing the bottom line. She observes,

> The globalization of trade, the Free Trade Agreement and the liberalization under successive GATT rounds have created an environment which presents new challenges and opportunities. In order to succeed in such an environment, Canadian organizations strive to provide working conditions and benefits that will improve

> employee productivity and commitment. They are faced with the dilemma of remaining competitive and cost-efficient while meeting the needs of a changing workforce. (Paris, 1989: 7-8)

The Alberta Government has not been far behind in emphasizing market-based competitiveness as a rationale for supporting work and family programs in the Alberta public service. In a discussion of the "hidden costs" of not addressing work and family issues, the point is made that

> In today's competitive world, organizations need an edge to keep ahead. The ability to attract and retain valuable employees is critical to successful operations. Organizations which recognize the interdependence of work and family life, and which develop policies and practices that address this issue head-on, will have a definite advantage over slow-to-change organizations. (Alberta Government, 1991i: 10)

Yet, with all this talk of competitiveness and productivity in a global economy, there are very limited provisions for elder care in the majority of Canadian workplaces for which information is available. A Conference Board of Canada survey of 385 organizations, employing over 1 million Canadians in almost 3,000 work sites across Canada, revealed that only 6% provided elder care information and referral services, 2% gave assistance in caring for elderly relatives at home, and 2% assisted in caring for elderly relatives in institutions (Paris, 1989). Only 1% of unionized companies provided benefits for the care of elderly dependents. Employers who provided elder care benefits tended to be larger companies and public sector organizations in which women were a sizable proportion of the labour force (ibid.). Similarly, a survey of 437 public and private sector organizations across Canada by Towers Perrin & the Hudson Institute of Canada (1991) found that 6% of these organizations had a full-scale or piloted program for elder care counselling, while slightly more (11%) provided elder care information and referral services. No other provisions for elder care were reported.

Elder care benefits are also rare in American corporations. According to the United States Bureau of Labor Statistics 1989 Employee Benefit Survey (which provides representative data on 32 million full-time employees of private industry establishments employing 100 workers or more), just

3% of workers in medium and large firms in the United States offer elder care assistance (defined as time off, paid or unpaid, to care for an elderly dependent) (Hyland, 1990).

Not surprisingly, the Conference Board of Canada observed that employers felt they a had a greater role to play than either governments or unions in finding solutions to work and family conflicts. For Paris (1989: ix), "This suggests that companies would rather take the initiative in assisting employees to find a better balance between their work and personal lives than leave this task to governments and unions." From a ideological perspective, what employers are saying is that they do not want any interference from the state or organized labour in pursuing their goals of greater productivity and profits. In the classical liberal ideal, the market is to be left unfettered of constraints imposed by the state or workers.

If companies want to be free from external constraints so as to pursue their own ends, then they also want to be free of sharing responsibilities for employees' families, unless this is seen to serve their own interests. It is not surprising that the Conference Board found the majority of employers thought employees (i.e. women) had the primary responsibility for finding solutions to work and family conflicts (Paris, 1989). The Conference Board of Canada offers this explanation, tinged with liberalism, for the lack of elder care benefits in Canadian firms:

> This is so for three principle reasons: the majority of respondents have never considered such benefits, have not heard about them from employees, and do not believe they should be involved in providing them. Employers believe that individuals have the main responsibility for finding solutions for work and family conflicts. (Paris, 1989: 37)

Similarly, according to Creedon (1988: 10), "Low awareness of employees' elder care responsibilities, lack of employee demand, tight budgets, and executive resistance to new benefits all contribute to a lack of support." The result is that family-related benefits are the exception, not the norm, among the vast majority of employers in Canada. Employees in small or even medium - sized companies are least likely to have family-related benefits as a condition of employment.

Still, a few large corporations in Canada have introduced family-related benefits as a means to attract and retain highly skilled employees and to boost employee productivity. It is fitting to draw examples from the oil and gas industry given its central place in the Alberta economy. Prior to the onset of the latest economic recession in 1989, energy sector employers such as Imperial Esso Resources, Shell Canada, and Syncrude introduced family related benefits financed from the enormous profits gleaned from oil and gas deposits in Alberta and elsewhere in the world. With declining demand and profits in recent years, however, many of these benefits have been lost along with thousands of jobs in every corner of the oil and gas industry. Even though early 1993 saw a revival in oil and gas drilling operations in Alberta by smaller independent companies and a rise in the price of energy shares, financial analysts suggest that this economic upswing may be short-lived as prices and profits fail to return to the peaks reached in the 1970s and 1980s.

There is little reason to assume that family benefits will not be constrained as corporations undergo restructuring, downsizing, and other processes designed to overcome deficits in a global economic recession. The response of Darcy Rezac, managing director of the Vancouver Board of Trade, to the suggestion that employers provide greater flexibility in the workplace to allow employees to take time off to care for elderly kin, may typify the stance of today's business leaders. In his view, "We have productivity problems in this country right now. To suggest that [workers] have more non-productive time off, it isn't likely" (Globe and Mail, March 4, 1993: C2). It seems, as the Globe and Mail puts it, that "in the main, Canadian bosses are more concerned with handling free trade than hiking free time" (ibid.).

However, given the growing impact of work and family issues on business, a few employers are becoming more responsive to the interdependence between work and family relationships (Coates, 1991: 13). The Bank of Montreal, for example, has identified flexible work hours, child-care assistance, and time off to care for sick dependents as strategies to enable women to advance into senior management ranks (Bank of Montreal, 1991). What, then, characterizes this and other

organizations responsive to "work and family issues"? Galinsky and Stein (1990: 380-381) have identified several distinct features of such organizations, the first two of which are that "work/family is seen as a legitimate issue of the organization, relevant to its mission" and that "work/family efforts have the support of the President or CEO or a powerful "champion". That there is an emphasis on flexibility, that the organizational culture is recognized as central to work/family solutions; and that supportive policies are seen as essential in the recruitment and retention of employees also are important characteristics of such organizations. Overall, what really matters to organizations is whether addressing work and family issues serves the economic interests of business. The pursuit of profits, increased employee productivity, and control over human resources lie at the heart of companies' motives to respond to issues placed under the umbrella of "work and family". Capitalism, not democracy, drives the movement toward responding to difficulties women and men face in integrating employment with family responsibilities, including those related to elder care.

Overwhelmingly, the corporate response to workers with family responsibilities has been to deny the legitimacy of these issues in the workplace and to force them back into the personal domains of individuals and families. If business leaders urge corporations to address "work and family" issues, it is because they believe doing so will make their companies more competitive and more profitable in a global economy. The issue of elder care, while a part of the lives of many Albertans, seems distanced from the prevailing economic discourse on the need to compete successfully in the world marketplace. It is precisely because this is the case that elder care, and other social concerns cast as "women's issues", remain marginalized. Yet, demographic and labour market changes as described in Chapter 4 will exert undoubtedly pressure on employers to develop new human resource policies which will assist them to recruit and retain highly skilled and flexible employees of diverse sociocultural backgrounds who can assist companies to compete successfully in a global economy.

As the next section indicates, organized labour in Alberta and elsewhere in Canada has only begun to pay attention to so-called "women's issues" such as family care responsibilities, partly in

response to the increasing numbers of women within certain sectors of organized labour, and in recognition of the profound social, as well as economic changes, which are influencing the terms and conditions of labour/management relations in the 1990s.

On the Margins: Unions and Family-Related Benefits

Historically, labour unions in North America have been at the forefront of bargaining improved working conditions and employment benefits for their members. Unionization has improved not only rates of pay, but also the total compensation packages including various employee benefits (White, 1993). Elder care is among the most recent of "family-related" employment issues which have come to the attention of certain unions, primarily due to the efforts of women within organized labour. Women have been widening the scope of union issues and insisting that policy reflect the inherent interrelationship between work and family roles (Duffy & Pupo, 1992).

South of the Canadian border, the Coalition of Labor Union Women (1991: 44) has argued that, "American labor with its historic commitment to social unionism has a critical role to play in the development and delivery of elder care benefits and services to the unionized workforce".[4] It points to two arenas of elder care support in which organized labour has been active: (1) service programs provided directly under union auspices and (2) negotiated benefits.

While it is well beyond the scope of this study to attempt to account for differences between Canadian and American unions with regard to family-related issues and benefits, Canadian unions, on the whole, have had a stronger commitment to social unionism and a greater receptivity to issues raised by union members who are women. It is notable, and very significant, that the most creative thinking regarding changes in union structures and union politics in Canada in the last decade or so have emerged in the context of working class feminism (Panitch & Swartz, 1988: 109).

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[4]Critics of the history of organized labour in the United States are skeptical of its commitment to social unionism, and argue that business unionism more accurately characterizes its nature.

Elder care issues, however, have received minimal attention from private and public sector unions even though child care and various family-provisions have been negotiated in collective agreements in recent decades. Individual accounts of how elder care responsibilities cause individual workers to change their work arrangements or to leave the labour force are readily found (Chapter 5), but there is little evidence that these difficulties are seen by male union leaders as more than "women's issues", low on the list of priorities to be addressed through the collective bargaining process.

The preoccupation of unions with issues of job security and the protection of wages and employment benefits previously gained are very understandable in a period when public and private sector employers are intent on reducing the size of their payrolls and rolling back wages and benefits. Yet, lack of attention to family-related issues, including elder care, means that the vast majority of unionized workers have no access to family-related benefits which they could use to address elder care problems, and that they will not have such benefits in future. Clearly, the low priority placed on family-related issues by organized labour in Alberta and the rest of Canada contributes to the barriers faced by unionized employees who have difficulties integrating employment with family responsibilities for elder care.

Workers in Alberta are even less likely to have access to negotiated family-related benefits, for rates of unionization in Alberta are the lowest in Canada. According to the *Corporations and Labour Unions Return Act* (Canada, 1992d), rates of unionization in Alberta are lower than the national averages in every industrial sector except public administration (Table 14). Further, unionization among women has historically been lower than it has among men. Low unionization rates for women are linked to their concentration in the service sector and in part-time jobs (Clemenson, 1989: 30). Consequently, women in Alberta are even less likely than men to have access to family-related benefits in collective agreements. This is especially the case if women are employed in industries based in the private sector of the provincial economy -- where, in fact, two-thirds of women and men in the Alberta labour force are employed (Statistics Canada, 1991d).

The paucity of family-related benefits applicable to elder care is made evident by analyses of the content of major collective agreements in Canada. In 1986, Labour Canada started to collect information on major union contract provisions, those that covered over 200 workers in the federal jurisdiction and over 500 workers elsewhere in Canada (White, 1993: 87).[5] In March 1991 the latter group included 1,224 collective agreements covering almost 2.3 million workers (Labour Canada, 1991).

No clauses dealing specifically with elder care were contained in any of the 1,224 major agreements which applied to 2,296,139 employees in March, 1991 (Labour Canada, 1991). As Table 16 indicates, *no leave provisions for family-related illnesses* were also the norm for 70% of unionized employees of these organizations. The remaining 30% of collective agreements, covering about 950,000 Canadian workers, had various "illness in the family" leave clauses which potentially could be used by employees for brief periods of elder caregiving. However, only 23% of these agreements included provisions for paid leave for illness in the family (Table 16).

When family leave provisions are compared by major industry groups, these provisions are disproportionately found among workers employed in public administration (73.9%) (Kumar, Arrowsmith, & Coates, 1991). In contrast, as of January 1991, only 2.1% of all Canadian collective agreements covering workers employed in primary industries had illness in the family leave provisions, while such provisions were limited to 16.1% of agreements in the manufacturing sector, 34.2% of agreements in the transportation industry, and to 35.8% of agreements in trade-related industries (Kumar et al., 1991: 262). Overall, 50% of public sector collective agreements had illness in the family leave provisions, compared to only 20% of private sector agreements in effect as of January, 1991 (ibid.).

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[5]The Labour Canada database summarizes information on the number and percentages of these collective agreements with family related benefits, and codes these benefits by employer, type of industry, and union.

Thus anticipating that it would be in the public sector, if anywhere, that family related benefits would be most fully developed for unionized employees, the Canadian Union of Public Employees was contacted with a request for information on family-related benefits in CUPE agreements applicable to elder care. While elder care has been recognized as a relevant issue for members of the Canadian Union of Public Employees (Ballantyne, 1992), there were *no* elder care benefits in any of the 2,453 CUPE agreements signed as of March, 1992. Provisions for time off work due to illness in the worker's family were the most relevant negotiated family-related benefit for workers' with elder care responsibilities. But, as Table 17 shows, 73% of CUPE agreements had *no* illness in the family leave provisions, affecting some 204,168 workers and 61% of public sector employees organized by CUPE. For the 30% of CUPE members with illness in the family leave benefits, the most common provision was for 3 days per year. Among CUPE members in Alberta, the modal number of leave days for family illness was five, while the most generous illness in the family leave benefits allowed 15 unpaid days leave per year (Table 18). However, given the lost of income accompanying unpaid illness in the family leaves, few employees can afford to access these benefits (CUPE, 1992).

In summary, relatively few union locals have been successful in negotiating illness in the family leave provisions. Undoubtedly, other bargaining units may have tried to negotiate such leaves of absence but were unsuccessful, while other male-dominated private sector unions have not considered family-related leaves as important bargaining issues (Labour Canada, 1988d). Still, one union surveyed in 1988 by Labour Canada pointed out that

> The dearth of family responsibility leave provision in [...] collective agreements should not be interpreted as a lack of interest by our members. Certainly many of our members and their families would benefit from such provisions. The current lack of family leave can be attributed in large part to the difficult economic climate in which collective bargaining now takes place. Although our union has not often taken concessions, our members are hard pressed to do more than preserve what they have previously gained. In this context, local bargaining committees rank issues such as job security, contracting out, and pensions ahead of family leave in setting their priorities (Canada, Labour Canada, 1988d: 23).

With unions preoccupied with issues of job security and protecting the contents of existing agreements from the assaults of private and public sector employers, efforts to obtain formally negotiated improvements to employment conditions helpful to employees with elder care responsibilities seem remote in the 1990s. Against the background of widespread job losses, layoffs, plant closures, downsizing, and job dislocations, unions are leery of calls by business and the state for "partnerships" between employers, government, and organized labour to meet the economic and social problems of the 1990s (Kumar & Coates, 1991). In the prevailing climate of conflict and confrontation characterizing labour management relations, family-related issues have remained low on the list of collective bargaining issues as unions respond to employer demands for wage concessions, contingent compensation schemes (e.g. profit sharing, pay for performance, lump-sum payments, two-tier wages systems), contracting-out, new forms of work organization (e.g. team management concepts, multiskilling, quality circles), greater use of part-time and temporary employment, and more flexibility in the scheduling of work and work rules (Kumar & Coates, 1991: 41). Unless women in organized labour actively work to bring family-related issues to the forefront of union debates, there is little reason to expect that organized labour will offer meaningful opposition, or constructive alternatives, to employers' efforts to ignore, or use, "work and family" issues to their own benefit.

The State as Employer: Family-Related Benefits in Alberta's Public Sector

In 1989, 78.3% of Albertans employed in public administration were unionized (Table 14), a percentage very close to the national average of 79.1% (Canada, 1992d). The Alberta Union of Public Employees (AUPE), a provincial affiliate of the National Union of Provincial Government Employees (NUPGE), is the largest union in the province, representing about 14,000 provincial government employees. Fully 90% of its members are women (Canada, 1989), and women comprise no less than half of all provincial government employees in Alberta (Alberta Government, 1991b). Overall, women comprise 57.4% of the membership of all government unions in Alberta, a higher proportion than the national average of 48.3% (Table 15).

It is in the highly unionized public sector of Alberta, with its proportionally greater numbers of female members, that family-related issues and provisions to assist employees in balancing work and family responsibilities have received the most attention. Through their presence in both the public service and the Alberta Union of Public Employees, the 14,000 member union headed by Pat Wocknitz, women have underscored the importance of addressing family-related issues through the collective bargaining process and through day to day management/labour relations in the Alberta public sector. Initially conceptualized as "women's issues" and promoted on the basis that the majority of provincial government employees are women, "work and family" issues have achieved some prominence, if but momentary, in the Alberta public service.

Notably, a range of family-related benefits have been negotiated by AUPE with the Alberta Government. As of 1991, alternative work arrangements included flexible times for starting or finishing the work day, staggered hours, longer or shorter lunch periods, permanent part-time jobs, shorter daily hours, job sharing, and seasonal work (Alberta Government, 1991a). Paid leave due to illness within the immediate family (four days), travel time for illness within the immediate family (three days), unpaid leaves of absence for unspecified periods of time, an elder care services resource listing, and diagnostic and referral services for counselling are additional components of an employee assistance program. Further, an Employee Funded Leave Program allows employees to defer a portion of their salary in order to receive it during a future leave of absence in which they can pursue activities such as "attending to family matters, such as the care of elders or a sick or disabled family member" (Alberta Government, 1991b: 24).

On one level, these initiatives have been fostered by a recognition of changes in the gender composition of the provincial labour force, the highest female labour force participation rates among women in Canada, the high predominance of dual earner and single parent family types, and the fact that the vast majority of employees - men and women - "share some responsibility for the care of family members" (Alberta Government, 1991b: 1). Politically, they have been legitimated on the basis

of traditional conservative beliefs in the importance of families and their caring functions for the stability and well-being of society. At first glance, they also seemed sensitive responses to findings of the "*Balancing Work and Family Survey*" of 18,583 Alberta Government employees conducted in 1990, a survey jointly sponsored by the Alberta Government and the Alberta Union of Public Employees. This survey indicated that both male and female employees found the combined demands of work and family stressful, and that large numbers of employees would prefer a compressed work week and flextime as alternative work arrangements. It also revealed that only 25 per cent of respondents said their department was supportive of their overall physical and emotional well-being. Women with dependents in professional, technical and management positions were least likely to consider their department supportive (Alberta Government, 1991b: 6).

Professing that "The Alberta Public Service is committed to being an employer of choice, attracting skilled employees dedicated to excellence in performance", and that "To fulfill that objective, family-supportive policies have been developed to provide employees with the tools and resources they need to meet the challenge of achieving the vital balance between work and family" (1991a: 13), the Alberta Government raised expectations among its employees that this was indeed the case by sponsoring a day-long symposium in November, 1991. The theme of the symposium was "*The Vital Balance: Work and Family*". The next day the Premier of Alberta, Don Getty, announced layoffs of hundreds of contract employees and a hiring freeze across all government departments. Images of a caring, responsive employer, sensitive to the needs and stresses of its workers, quickly faded under a cloud of cynicism and anxiety about individual job security. Ever since, "creating a supportive work environment" has been a tough challenge in the Alberta public service, and strong political support for addressing work and family issues has not been forthcoming from the Alberta Government (Hurst Usher, 1993). [6]

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[6]While work and family issues per se have been placed on a "back burner"' by the Alberta Government, the Personnel Administration Office of the Alberta Government currently offers courses for employees on the topics of life-long dependent care, how to implement flexible work schedules, time management, pre-retirement planning, and employee wellness (Hurst Usher, 1993).

In the current period of economic uncertainty, public sector employees have become a prime target for a deficit-ridden government intent on reducing the size of public expenditures. These events are not unique to Alberta Government, however, but are symptomatic of pressures to "downsize" the public service at all levels of government across Canada. In Alberta, "alternative work arrangements" have acquired a new meaning in the public sector. In early 1993, all employees of the Government of Alberta received a message from the new Conservative Premier and Minister of Labour, Ralph Klein, in which he announced his intentions to reduce the size of government through an "Early Voluntary Options" program and alternative work arrangements (Klein, 1993). What were these options and arrangements? They included voluntary resignations, early retirement, contract employment, reduced work hours (i.e. part-time work; job sharing), and extended leaves of absence funded by the employee. Initiatives first introduced under the guise of "balancing work and family" were now being used as a means to reduce the number of public sector employees in permanent full-time, full year positions.

For women and men in the Alberta public service who saw a full-time, permanent job as a necessity, not an option, these alternative work arrangements represented a tremendous threat to their economic well-being and abilities to support their families, in so far as they involuntarily limited labour force participation, restricted earned income, and reduced pension contributions and benefits. Nonetheless, by the end of March 1993, about 1,800 employees had decided to voluntarily leave their jobs under the Early Voluntary Options Program. The hiring freeze which had been in place since November 1991 resulted in hundreds of other vacant positions not being filled, yielding a overall reduction of 2,575 full-time equivalent positions by the spring of 1993 (Alberta Government, 1993). Jim Dinning, the Provincial Treasurer, proudly noted in his 1993 budgetary address that, "The total savings this year from restructuring, streamlining and civil service downsizing will exceed $130 million" (ibid.: 32).

If the Alberta Government considers this to be a success story, it is not one for women who are, and have until recently, been public sector employees. Women are particularly vulnerable to the

negative effects of restructuring and downsizing of the Alberta public service because they form the majority (57%) of Alberta Government employees, and tend to be clustered in lower level clerical and technical positions. Alberta women are not alone in this regard, however, for women in public sector jobs across Canada and in other neo-conservative capitalist democracies have been particularly hard hit by cuts in the government programs and public sector jobs.

A noteworthy international comparison is afforded by Sweden, the most highly developed welfare state is the world, where an estimated 100,000 public sector workers are to lose their jobs in 1993 and 80 percent are women (McIvor, 1993: D3). Sounding the alarm, a Swedish nursery school cook soon to be unemployed has warned, "If we don't do something fast, we'll be back in a world where the men go to work and the women stay at home to look after the kids and do the cooking". According to Lena Ag, of the social democratic women's organization, "a Swedish women today is more dependent on the state than on a man. It is a question of independence" (ibid.). The obvious concern is that the permanent disappearance of public sector jobs usually performed by women will force many women to become economically dependent on men or state welfare for their subsistence. By reducing opportunities for employment in the public sector, the paradox is that many women will be compelled to shift their roles from that of paid provider to consumer and unpaid provider of caregiving work.

This scenario may not be far removed from what could happen in Alberta, where job losses continue to mount and displaced workers have few opportunities for re-employment, let alone full-time employment with salaries and benefits comparable to those associated with public sector jobs. As long as the Government of Alberta is more determined to reduce the size and budget of the public service than to create supportive working conditions for employees with family responsibilities, elder care and other family-related issues will remain on the back burner of public policy and human resource management. The Alberta Government may be one of the largest employers in the province, but it has a long way to go in becoming a "model employer" with regard to addressing work and family issues in

a way that facilitates greater equality for women in the workplace and effectively addresses the real problems that women, and men, face in integrating employment with elder care responsibilities. A brief period of experimentation with fostering a supportive climate and alternative work arrangements for employees with difficulties balancing work and family responsibilities does not make the Alberta Government a good example of an organization strongly committed to addressing family-related concerns in ways that are mutually beneficial for employees and the state as employer.

Enchanted by beliefs in the superiority of market - based, privatized solutions to social issues, economic imperatives are taking precedence over social concerns in Alberta. Shifting responsibilities for elder care to a more equitable balance between families, employers, and the state runs against the current tide of right wing politics in Alberta, even though such ideas have much popular support. The prevailing lean and mean economic climate is not conducive to the improvement of employment conditions for public workers with demanding responsibilities for elders, even though the Alberta Government once cast itself as a model employer in addressing work and family issues. Existing family-related benefits which assist workers with elder care responsibilities are at risk as long as the state is intent on becoming more "business-like" in its affairs, and places reduction of the provincial deficit well ahead of social welfare and employment benefits for public sector employees in the province.

Support for Employed Caregivers: Policy & Program Options

Recognizing that existing corporate efforts are insufficient to meet the steadily growing need of employees for assistance with elder care, Azarnoff & Scharlach (1988: 65) have optimistically suggested that, "As increasing numbers of employers start to recognize the problems created by care-giving requirements of nearly one out of four of their employees and the resultant economic impact on their companies, they will develop programs to help these employees." For them, "If the potentially negative impact on job performance and productivity is to be minimized, employers need to consider

what is currently being done and then develop new programs to help employees meet their care-giving requirements". (ibid.)

In Alberta, the Seniors Advisory Council has taken a leadership role in identifying the need for changes to employment conditions which would support caregivers in the labour force. In 1992, the Council recommended to the Minister of Labour that

> The government encourage and promote a greater understanding among employers about the needs of working people who are assisting dependent older relatives. These employees could be provided with the same benefits as those provided for employees caring for dependent children. The government could show leadership by providing this for provincial government employees.
> (Seniors Advisory Council for Alberta, 1992d: 15-16)

Clearly, as this recommendation indicates, a number of changes in employment conditions would clearly be of benefit to employed caregivers of seniors in Alberta. First, creating a supportive work environment in which employers are willing to listen to, and respond to, employees' difficulties in integrating work and elder care, is a necessary first step. That Albertans involved in caregiving for older relatives were less likely to agree that their employers are supportive of workers with elder care responsibilities suggests that employers do not always recognize elder care issues among their employees, and may not try to help employees resolve work and family problems in a way that is mutually beneficial for the organization and the employee. Creating a socially supportive work environment is essential for effective resolution of the difficulties women, and men, experience in integrating employment with elder care.

The 1990 *Balancing Work and Family Survey* of Alberta Government employees revealed strong support for a compressed work week and flextime as alternative work arrangements (Alberta Government, 1991b). Further, when the Premier's Council in Support of Alberta Families held discussions with over 3,000 Albertans in 1991, many participants identified needs for more flexible work arrangements as a means of reconciling competing demands between work and family. Most suggestions made reference to alternative work arrangements: job sharing; working at home; part-time

employment, with benefits; flexible hours; and a shorter work week (Alberta Government, 1992c: 16). These alternative work arrangements can enable some employees to integrate caregiving activities with paid work schedules without overall losses in worker productivity or employee income. As such, flexibility in work arrangements can be of mutual benefit to employees and employers as long as they are not used as a means to eliminate opportunities for full-time, full year employment.

Elder care information and referral services are other strategies which have been successfully implemented. Here, the idea is to shorten the search time spent away from work by showing employees what programs are available by helping them select the best form of care for their particular situation (Winfield, 1987: 38). In the United States, the International Ladies' Garment Workers' Union (ILGWU) and Local 237 of the International Brotherhood of Teamsters (IBT) provide elder care services to both active and retired members, including counselling, information and referral services, seminars, care fairs, and respite care (Coalition of Labor Union Women, 1991).

Other American unions such as the Service Employees International Union (SEIU), American Federation of State, County and Municipal Employees (AFSCME) and the Amalgamated Clothing and Textile Workers Union (ACTWU) have negotiated contracts with parental leave provisions which may be invoked by employees needing to provide a sustained period of care for a parent or parent-in-law. In 1989, the Communications Workers of America (CWA) and the International Brotherhood of Electrical Workers (IBEW) negotiated a contract with AT & T which includes a comprehensive family care provision and specifically addresses elder care as a workplace concern (ibid.). Specific contract sections exclusive to elder care provide for a Family Care Development Fund, improved family care leave, and an elder care resource and referral service. [7]

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[7]The section of the 1989 CWA and IBEW contract with AT & T which provides for an elder care resource and referral service reads: "Effective January 1, 1991, for regular full-time and regular part-time employees, an Elder Care Resource and Referral Service (ECRS) will be engaged by the Company to help employees locate, evaluate and manage quality care for relatives sixty (60) years of age or older. This service, also to be provided nationwide through community-based professional organizations, will provide information to employees on elder care facilities, housing, health, Medicare, and transportation services via a dial-up contact number. In addition, the service organization will attempt to stimulate the development of new service providers as well as the expansion

A few major Canadian corporations in the profitable financial sector, exemplified by the Bank of Montreal and the Royal Bank of Canada, have forged ahead with work and family programs and policies. These initiatives have been encouraged by the high percentage of female employees in banks and their need to recruit and retain highly skilled employees in highly competitive, urban labour markets. Overall, as Kumar and Coates (1991: 37) point out, the drive to maintain market share and/or secure a competitive advantage in fiercely competitive domestic and international markets, and the need to be more responsive to changing business conditions is prompting management to focus on efforts that increase the productivity, flexibility and cost-effectiveness of the organization. As a result, there is a growing emphasis on quality, innovation, and human resource issues. Thus, the Bank of Montreal has introduced family emergency days as needed (the bank sets no minimum or maximum); unpaid leaves of up to two years for personal reasons; flexible work options like temporary part-time work for women returning from maternity leave; telecommuting; a condensed work week; and child and elder-care referral services. The Bank has also hired three part-time gerontologists to talk to employees and their elderly relatives about their needs, research community services available, help access them, and make follow-up calls to see if elder care arrangements are satisfactory (Fife, 1993).

An essential step in re-orienting employment conditions is to re-conceptualize benefits designed to address child care problems as family-related benefits independent of particular forms of familial relationships. While the nature of caring for children is qualitatively different from that of elder care, and it is not correct to assume that all child care benefits could be appropriately used for elder care reasons, there is a need to look beyond child care responsibilities to consider other situations, such as elder caregiving, which require adjustments to work arrangements.

Pension reforms are also needed which take into consideration the transitions in and out of the labour force which some caregivers undertake because of major commitments to care for frail elders.

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of existing facilities and will provide care-giver seminars and consumer information materials." (United States Coalition of Labour Union Women, 1991: 46)

In this regard, the Seniors Advisory Council has supported the recommendation of the National Advisory Council on Aging (1990) that the costs related to a caregiver's employment be recognized, and has recommended to the Provincial Treasurer of Alberta that the government promote the amending of the Canada Pension Plan regulations so that the "drop-out" period used in calculating the individual's contributory period be expanded to include the time spent caring for an elderly person who requires full-time assistance with the tasks of daily living. No plan of action in response to this recommendation has been forthcoming from the Alberta Government to date and seem unlikely in the current climate in which individual responsibilities for social welfare are being emphasized by the provincial and federal Conservative governments in power.

Clearly, this recommendation carries enormous implications for the restructuring of pension benefits, work arrangements, and employee assistance programs for hundreds of employed caregivers, and by extension to all governments faced with an aging population and labour force. If taken seriously, it could place elder care alongside child care as an important issue on the public agenda, while encouraging the private sector to consider elder care a legitimate reason for employees to negotiate alternate work arrangements, family leave, or other assistance in integrating work and family responsibilities. Elder care may also gain a higher profile among those bargaining on behalf of unionized employees, most of whom have few, if any, family-related benefits applicable to elder care in their collective agreements.

Tax breaks for caregivers and their employers were established in the United States during the Reagan administration, and may serve as a way to provide a modicum of economic assistance for informal caregivers. Section 129 of the Internal Revenue Service (IRS) Code makes care of the elderly a nontaxable benefit for employees and employers who include a Dependent Care Assistance Plan (DCAP) as part of their flexible benefits plan (Winfield, 1987: 37). The Dependent Care Assistance plans allows employed caregivers to set aside up to $5,000.00 of salary pre-tax for a targeted caregiving purpose. Presently, most users are providing support for child care partly because

current federal regulations for the plans were developed with a child care model in mind. The requirements state that the caregiver must provide 51% of the cost of care and that the dependent must live with the caregiver at least 2 days a week and be declared a "dependent" on the employee's tax return. The employer who offers a Dependent Care Assistance Plan must also inform the caregivers of tax credit options (Creedon, 1988: 10).

A number of American states, such as Florida, have enacted family leave legislation in recent years. According to a February, 1993 report in *The New York Times* (Rohter, 1993), support for family leave legislation by employers has grown simply because of low demands for family leaves, lower than expected administrative costs, and increased employee job satisfaction and productivity. Stephen Cerrone, a Director of Human Resources for Florida-based outlets of the Burger King fast food chain, is quoted as saying, "Not only do you get a tremendous amount of loyalty, since they know they can come back to their job, but from the productivity perspective you can get more done because they come back refreshed. [...] This has been nothing but positive for us".

Significantly, the first piece of legislation passed by the United States House of Representatives and Senate following the 1992 election of a Democratic President, Bill Clinton, was the *Family and Medical Leave Act*. Twice previously, Republican President George Bush had vetoed similar legislation on the grounds that it would impose unnecessary costs on private businesses (Clymer, 1993). Hailed in *The New York Times* as "Clinton's first victory", the *Family and Medical Leave Act* comes into effect in August, 1993 with provisions for up to 12 weeks of unpaid leave in any 12 month period which can be accessed for a number of family and health -related problems, including the need to care for a parent with a serious health condition (Figure 9). Provisions to ensure workers' job security have been incorporated within the Act, in so far as it "provides that an employee must be returned to his or her old job or an equivalent position upon returning to work" (The New York Times, 1993, February 5, p. A8). Employers are required to continue providing health care benefits for the

employee during the period of the leave, but workers are prohibited from collecting unemployment insurance or other Government compensation benefits while on leave.

According to Barbara Otto, spokeswoman for "9 to 5", the National Association of Working Women, "This [the Family and Medical Leave Act] is just the first step in family protection. [..] We're not saying this bill is the final answer, We've just built a foundation" (Barringer, 1993: B6). While this legislation introduces nation-wide benefits for millions of working Americans, it does not cover employees in companies with less than 50 employees, thus excluding those workers employed by small businesses, or about half of the nation's labour force. In addition, employees are not protected from eventual dismissal and do not receive any salary during the time that they are on leave. As Otto points out, "This isn't going to make a big difference to low income families because they can't afford to take leave" (ibid.). Many employees cannot afford to take 12 weeks of unpaid leave even if they qualify. Other concerns are that it may increase costs to employers and make companies reluctant to increase their number of staff, or to expand employee benefits in other areas (Barringer, 1993). As some states already have enacted family leave legislation, employers must comply with both state and federal regulations and ensure in all cases that the more rigorous requirements, state or federal, are met. This may prove a troublesome source of jurisdictional disputes, something with which Albertans are all too very familiar. Even so, there are no signs of family leave policies being developed at either the provincial or federal levels of government. As seen in the failure to develop and implement a national child care strategy in Canada (Teghtsoonian, 1993), there is no strong political commitment to dependent care legislation or increased funding for dependents of all ages among Canadian politicians who are intent on reducing the size of public expenditures and cutting back the welfare state.

Most employed care-givers are in their 40s, often peak earning years, and a time when elder care responsibilities may exact a heavy toll on opportunities for promotion and career development. Substantial numbers of employees in this age group may find their labour market activities constrained by elder care commitments, as well as dependent children at home, even though this is a critical time

for maximizing employment opportunities and contributing to pension funds. Needs for changes in legislation, public policies, and workplace practices may be especially acute for older employees faced with increasing responsibilities for elder care, impending decisions about retirement and pensions, and pressure from employers to remain productive in an increasingly competitive environment. Those older workers who withdraw from the labour force due to elder care responsibilities may have considerable difficulties in obtaining employment once care-giving is over, for by this time they themselves are likely to be in their pre-retirement years. Under such conditions, employers need to become more concerned about how best to keep older workers on the job and how to maximize their ability to be productive in the face of increasing family care responsibilities. To quote Scharlach et al. (1991: 37), "Employers simply cannot afford to lose the irreplaceable expertise and knowledge of many of their most experienced and dedicated employees".

Interestingly, while a majority of all 1991 Alberta Survey respondents expressed support for the opinion statement, "Employers should provide flexible working hours and other work arrangements to allow employees to care for elderly relatives", younger Albertans were significantly more likely to do so than those over age 65, particularly when compared to women aged 65 to 74 years. Retired women were more than three times as likely than younger women in the labour force to disagree with this opinion statement (32% vs. 9%). Still, older Albertans and their younger caregivers may have the most to gain if inadequate pension benefits necessitate older workers remaining in the labour force as long as possible.

In 1989, the provincial dialogue on economic equity for women concluded that "until institutions restructure to fit the needs of women, Alberta will never gain access to all that women have to contribute to the commercial world" (Alberta Government, 1989d: 5). Further, women are made unnecessarily dependent on the state by attitudinal and structural barriers which restrict their full participation in the economic and civil life of the province. Caregiving which limits labour force participation, restricts earned income, and reduces pension contributions and benefits can lead to

increased financial vulnerability in later years. Women are particularly vulnerable to these financial penalties as they acquire, on average, lower individual incomes and fewer pension benefits than men in the labour force. In 1990, among workers employed full-time and for a full year, Alberta women earned on average 67% of men's wages (Alberta Government, 1992c). To ask women to give up their paid employment during their most productive working years is to sentence them to even greater financial hardship when they themselves become elderly (Hendricks & Rosenthal, 1993: 4-5). Access to full-time employment, to quality jobs, is therefore critically important for the financial well-being of women now and in future. The Alberta New Democratic Party's policy paper on women and the economy puts it this way:

> Alberta women want economic security for themselves and their families. While all Albertans are worried about the economy, women face more serious uncertainties because they still work at lower paying jobs, are less likely to have full-time jobs with benefits, and have the constant worries of balancing employment with family obligations.
>
> (New Democrat Official Opposition, 1993: 2).

Too often, part-time employment is the only viable alternative which women have as a means to fulfill both employment and family caregiving roles (Coates, 1988; Duffy & Mandell, 1992). It is not an alternative which is preferred by many women, and for the most part does little to advance women's equality in and out of the paid labour force. "Opting" for part-time work because of family responsibilities carries major financial and social costs for women, even though it appears to combine the benefits of paid employment (economic independence, an increase in family income, continuity in work experience, outside stimulation) while permitting time for domestic work, caregiving, and other pursuits. Part-time work usually entails low pay, few benefits and opportunities for advancement, lack of job security, and lack of on-the-job training (Armstrong, 1984; Wallace, 1983; Weeks, 1980; White, 1983). As Gunderson, Muszynski & Keck (1990) make clear in their report on Canadian women and labour market poverty,

> Part-time employment is associated with working poverty not only because of the smaller number of working hours and low hourly wages, but also because of wage discrimination against part-time employees. This means women are hit by double

> discrimination. As well, part-time employment is often associated with few or no fringe benefits, a lack of job security, and little protection under employment standards law or collective agreements. (Gunderson et al., 1990: 122)

Part-time workers are less often protected by seniority, health and welfare arrangements or severance pay, and only 8% of workers are covered by collective agreements that have part-time workers included in pension plans (White, 1993: 94). While substantial numbers of women indicate that they accept part-time work because of family responsibilities, part-time work may actually take women away from their families on weekends and at night (Armstrong & Armstrong, 1988: 164-5).[8] Moreover, part-time work limits structural change, forcing the search for solutions to family-related matters to be directed solely toward the privatized domain (Duffy and Pupo, 1992).

Not surprisingly, younger women employed on a part-time basis in the Alberta labour force are most strongly in favour of family-related workplace benefits. When interviewed for the 1991 Alberta Survey, women in part-time jobs expressed the greatest support for the idea that employers should provide flexible working hours and other work arrangements to allow employees to care for elderly relatives. Fully 74% did so. Recalling that women employed part-time have the greatest expectations of changing their work arrangements because of elder care responsibilities, opinions among this subgroup of the labour force clearly suggest that these women expect their employers to assist them in integrating employment with family responsibilities. The relatively stronger support for more flexible work arrangements among these women employed part-time also suggests that many may have already taken "the part-time solution", to quote Duffy, Mandell, & Pupo (1989), for resolving work and family dilemmas. Having personally experienced the disadvantages of lower wages and lost employment benefits associated with part-time jobs, women in part-time jobs may be more vocal in their support of alternative work arrangements that do not carry such penalties.

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[8] Additional drawbacks of part-time employment are that it can be detrimental to future employment possibilities, locking women into particular areas of work rather than maintaining their skills and "keeping their hands in". It may also offer little challenge, reward or even contact with other employees. In addition, it may serve to discipline employees "on call" when they are not at their paid jobs, disrupting their family life". (Armstrong & Armstrong, 1988: 165)

Recognizing the long term economic implications of part-time work for women, the Seniors Advisory Council for Alberta has recommended to the Minister of Labour that "all persons employed on a part-time basis be able to contribute to pension plans on a pro-rated basis" (Alberta Government, 1992f). Once again, the Alberta Government has remained silent in response to this recommendation. So too, have unions, even though "addressing the matter of part-time work is one way the union movement may acknowledge the interrelation between work and family matters in a society in which child care, household management, and domestic labour are regarded as private problems for which individual families must find solutions" (Duffy & Pupo, 1992: 229).

Summary and Conclusion

Employment conditions in Alberta in the early 1990s reflect complex and interrelated political, economic and social trends influencing industrial relations in the early 1990s. They are also the result of historically low rates of unionization among the private sector industries and the actions of right-wing provincial governments in Alberta to protect the interests of private businesses and limit the rights of organized labour (Panitch & Swartz, 1988). Most recently, they bear the marks of a once-rich provincial government, now laden with a debt in excess of 20 billion dollars, which has found major economic reasons to justify to the public a reduction in the size of government and cutbacks in government funding.

In this climate, elder care issues are of little concern to most employers and the state, and become relevant only when employee productivity and corporate profits appear threatened. When recognized by employers as important, elder care is framed as an economic issue, not a social concern, and as a rationale for restructuring the organization of work and employment conditions in ways that boost employee productivity and reduce the costs of waged labour.

Unions have only begun to address elder care issues, and, based on evidence from major collective agreements in Canada, there are minimal, if any, family-related benefits to support

employees who experience difficulties integrating employment with elder care responsibilities. Only in the heavily unionized public sector where women predominate has there been any significant feminization of the labour agenda, and tangible efforts to recognize and address work and family issues. These initiatives have been short-lived, however, as the Alberta Government actively works to be more "business-like" in it affairs, aims to reduce the size of the public service, and co-opts family-related benefits as a means to reduce the number of full-time, full year positions.

The growth in nonstandard work arrangement casts doubt on the possibility that more employees will receive family-related benefits as a condition of employment. As the number of part-time, temporary, contractually limited, and other jobs which do not fit the standard of full-time, full-year employment expand, employers are unlikely to introduce enhanced benefit packages. Quite the opposite seems true. According to Aldous (1990: 364), "The costs to companies of high turnover in such occupations is not enough to encourage them to start new family benefits". And, as the number of low-paying, low-skilled service sector jobs, typically held by women expand, opportunities for women to achieve workplace equality fade away.

The lack of support for workers with difficulties managing employment and elder care responsibilities not only increases these difficulties for individual employees, it obscures the real costs to corporations, as evidenced by absenteeism rates, job turnovers, and employees' plans to otherwise change their work arrangements. Yet, MacBride-King may well be correct when she argues that

> The future implementation of certain family-responsive benefits or programs will depend upon a variety of factors or conditions both internal and external to the organization. Chief among those conditions will be the external marketplace. Labour markets and the economic environment within which organizations operate will dictate when such policies or programs are introduced. (MacBride-King, 1990a: 41)

If this is truly the case, and so it seems in Alberta, women will have a very long time to wait before employers take into consideration relationships between paid and unpaid work and attempt to support their integration. Arguments favouring employer-sponsored elder care benefits rather than a

strong welfare state which supports older people and their families deny thehe reality that employer-sponsored welfare is antithetical to universality and equal access to benefits and programs. It is *wrong to expect private companies to address these issues*, even though the *Alberta Dialogue on Economic Equity for Women* concluded that

> A little creativity and compromise on the part of employers and employees would help women balance home and work demands, enhance their ability to pursue careers and, ultimately, expand women's choices, along with Alberta's economic productivity. (Alberta Government, 1989d: 16).

As long as responsibilities for elder care are seen as private, familial responsibilities, and women are assumed to have the option of choosing between employment and caregiving for family members, there will be little progress toward implementing employment benefits which are supportive to women who must integrate employment with elder care. The ideological pressures on women to fulfill caregiving roles, and the inflexibility of work arrangements, mean that may women will continue to disproportionately bear the costs of caring for, and about, their elderly kin. If problems with elder care are not seen as those of welfare state, they fall on the shoulders of women who must work out their own solutions to integrating their paid and unpaid labour. None of this caring work creates entitlements to the political privileges of working citizens - eligibility for unemployment insurance, workers' compensation, pensions, and disability benefits (Stone, 1991: 549).

The voices of "ordinary Albertans" who expect employers to assist them in balancing work and family responsibilities go unheeded in a province where employers' discussions of the need for global competitiveness, unions' silence on elder care issues, and the abdication of the provincial government from its role as a "model employer" in addressing work and family issues suppress public opinions. When it comes to addressing elder care issues in the provincial labour force, public opinion possesses little power compared to that held by employers and the state. That the most apparent beneficiaries of elder care employment policies are women, both as providers and receivers, contributes to employers' slowness in responding to family-related issues. Women have generally

lacked power in the political and economic arenas of Alberta to promote "family-friendly" policies over the opposition of predominately male legislators and business leaders who see little, if any, place for family-related benefits as a means to boost the economic productivity and competitiveness of the province in the marketplace. The end result, as this thesis argues, is to disadvantage women from attaining full participation in the social, economic, and civic life of the province, and to perpetuate a situation in which the social provision of elder care is rendered more problematic by its primary reliance on individuals, women and men, who must integrate employment with caregiving in nonsupportive work environments.

Table 14. Rates of Unionization for Selected Industries by Sex, Alberta and Canada, 1989[9]

Industry	Alberta			Canada
	Men	Women	Total	
	%	%	%	%
Primary Industries	7.8	36.1	14.2	33.5
Manufacturing	21.6	41.3	24.4	36.3
Construction	35.0	61.4	4.4	53.5
Transportation, Communication, & Other Utilities	41.0	55.4	48.2	53.4
Trade	11.2	12.6	10.2	11.5
Service Industries	27.1	32.4	35.9	34.6
Public Administration	78.3	81.2	76.3	79.1
All Industries	25.8	38.0	29.4	34.1

Source: Statistics Canada (1992d) Annual Report of the Minister of Industry, Science and Technology under the Corporations and Labour Unions Returns Act. Part II - Labour Unions 1989. Appendix 1.5 (p. 48) and Appendix 1.6 (p. 49).

[9]Rates of unionization by sex are not available for Alberta.

Table 15. Number and Percentage of Female Members of Labour Unions by Type of Union, Alberta & Canada, 1989

	Type of Union							
	International		National		Government		All Types	
	000's	%	000's	%	000's	%	000's	%
Alberta	16.2	18.8	77.7	57.7	36.1	57.4	130.0	45.8
Canada	309.8	24.7	953.1	45.5	255.6	48.3	1518.5	39.1

Source: Statistics Canada (1992d). Annual Report of the Minister of Industry, Science and Technology under the Corporations and Labour Unions Returns Act. Part II - Labour Unions 1989.

Table 16. Illness in the Family Leave Provisions in

Canadian Collective Agreements Covering 500+ Employees, 1991

Conditions	Agreements		Employees	
of Leave	n	%	n	%
Paid	287	23.4	706,095	29.5
Partly Paid	2	0.2	1,803	0.1
Unpaid	68	5.6	211,385	8.8
Unknown	15	1.2	21,430	0.9
Subtotal	372	30.4	940,713	39.2
No leave	852	69.6	1,455,426	60.7
Total	1,224	100.0	2,296,139	100.0

Source: Labour Canada, Bureau of Labour Information collective agreement data base, March 1991.

Table 17. Illness in Family Leave Provisions

Canadian Union of Public Employees (CUPE) Agreements

Canada-Wide, All Industries, 1992

Number of Days Leave for Family Illness	Agreements n	%	Employees n	%
No Provision	1789	72.9	204,168	61.3
1 Day Per Illness	15	0.6	1,317	0.4
2 Days Per Illness	20	0.8	1,365	0.4
3 Days Per Illness	52	2.1	6,057	1.8
5 Days Per Illness	123	5.0	11,656	3.5
6 Days Per Illness	1	0.0	14	0.0
10 Days Per Illness	3	0.1	95	0.0
1 Day Per Year	7	0.3	542	0.2
2 Days Per Year	21	0.9	7,392	2.2
3 Days Per Year	84	3.4	28,096	8.4
4 Days Per Year	6	0.2	953	0.3
5 Days Per Year	137	5.6	22,507	6.8
6 Days Per Year	30	1.2	13,400	4.0
7 Days Per Year	1	0.0	115	0.0
10 Days Per Year	11	0.4	579	0.2
12 Days Per Year	11	0.4	1,726	0.5
15 Days Per Year	2	0.1	147	0.0
Days Not Specified	134	5.5	32,254	9.7
Other	6	0.2	434	0.1
Total	2,453	100.0	332,817	100.0

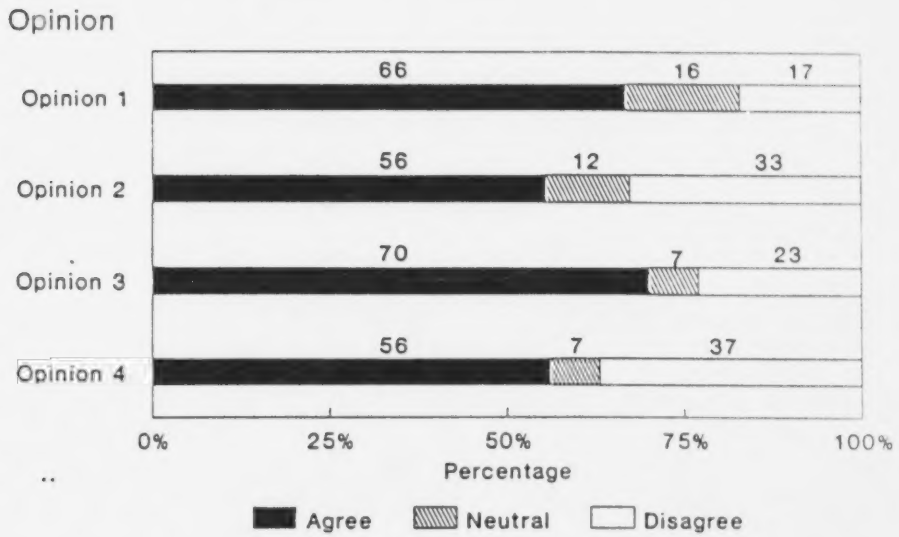
Source: Canadian Union of Public Employees, Research Department (1992)

Table 18. Illness in Family Leave Benefits
Canadian Union of Public Employees (CUPE) Agreements
Alberta Locals, All Industries, 1992 03

Number of Days Leave for Family Illness	Employer
1 Day Per Illness	Town of Fort Saskatchewan Town of Vauxhall
2 Days Per Illness	City of St. Albert Drumheller Valley School Division Red Deer College South Peace Health Unit Board
3 Days Per Illness	Bonnyville (Cold Lake Lodge) Wainwright School Division
5 Days Per Illness	City of Ft. McMurray
1 Day Per Year	Fort McMurray R. C. School Division
2 Days Per Year	County of Forty Mile #8 Lethbridge R. C. School Division
3 Days Per Year	Municipal District of Spirit River Town of Wainwright Town of Westlock Spirit River School Division
5 Days Per Year	Calgary Public Library City of Lethbridge Calgary Women's Shelter Association Foothills Centre Fort McMurray School Division Medicine Hat Public Library Board Town of Brooks University of Alberta Students' Union
6 Days Per Year	Piper Creek Lodge Red Deer Public School Division
15 Days Per Year	Glenbow-Alberta Institute
Number of Days Not Specified	Sturgeon Health Unit Cross Cultural Learner Centre, Calgary

Source: Canadian Union of Public Employees, Research Department (1992)

Figure 8: Public Opinion on Elder Care Benefits in the Workplace



Source: 1991 and 1992 Alberta Surveys

Key

Opinion 1. Responses to the question, "Employers Should Provide Flexible Work and Other Elder Care Benefits". (N = 1345)

Opinion 2. Responses to the question, "The Nature and Benefits of My Job Make It Easy for Me to Care for Elderly Relatives". (N = 868)

Opinion 3. Responses to the question, "My Work Is Flexible Enough to Allow Time Off If I Need to Provide Elder Care". (N = 868)

Opinion 4. Responses to the question, "My Employer Is Supportive of Employees with Elder Care Responsibilities". (N = 868)

Figure 9. Highlights of the Family and Medical Leave Act

United States Government, 1993

Employee's Provisions

¬ Allows a worker to take up to 12 weeks of unpaid leave in any 12 month period for the birth of a child or an adoption, to care for a child, spouse or parent with a serious health condition, or for the worker's own serious health condition that makes it impossible to perform a job.

¬ Provides that an employee must be returned to his or her old job or an equivalent position upon returning to work.

¬ Requires an employer to keep providing health care benefits during the leave, as though the worker were still employed, but does not require the employer to pay the worker on leave.

¬ Prohibits a worker on leave from collecting unemployment or other Government compensation.

¬ Covers only a worker who has been employed for at least one year and for at least 1,250 hours (25 hours a week).

Employer's Provisions

¬ Exempts any company with fewer than 50 workers.

¬ Allows a company to deny leave to a salaried employee within the highest paid 10 percent of the workforce, if letting the worker take leave would create "substantial and grievous injury" to the business operations.

¬ Permits an employer to obtain medical opinions and certifications on the need for the leave.

¬ Allows an employer to ask the employee to repay the health care premiums paid by the employer during the leave if the employee does not return to work.

Source: *The New York Times*, Friday, February 5, 1993, p. A8.

Chapter 8. Elder Care, the State, and Social Policy in Alberta

> We talk about the family's role in aging, and what we really mean is that we don't need any new social policies; our daughters and daughters-in-law will take care of their mothers and fathers. We talk about family responsibility in order to evade our responsibility to put into place new social, educational, and housing policies; new labor and health care policies; policies that will address the needs and strengths of these "new" 25 years of life. We must structure our society so that we all may continue to the end of our days to be a part of the society which makes us human and keeps us human.
>
> (Betty Friedan, 1993: 65)

Introduction

In this excerpt from her essay, *Beyond the Mystique of Old Age*, Friedan takes aim at neo-conservative public policies under the Republican administrations of American Presidents Reagan and Bush. She is critical of their strong emphases on "family values" and familial responsibility for elder care, and for what she sees as the failure of the state to reform public policies to meet the needs, now and in future, of aging Americans. The objects of her critique are the central elements of neo-conservatism which aim to limit the involvement of the state in caring for its citizenry and which promote traditional family caregiving, and traditional family caregivers, in lieu of publicly provided systems of care. While Friedan was writing in New York City, her commentary reflects well the limitations of social policy in Alberta in the 1990s, and the reasons why women are unfairly disadvantaged in current structural arrangements for the social provision of elder care.

Alberta politics share with Republican administrations in the United States an affinity for neo-conservatism, or what Marchak (1991) refers to as the "new right". From this ideological perspective, dismantling, or at least cutting back on the welfare state is seen as desirable, and market-based solutions to social ills are considered superior to state interventions. With respect to the provision of care for frail older people, neo-conservatism encourages an emphasis on family responsibilities for elder care and the value of women's nurturing roles, all in the name of limiting the role of the state,

reducing public expenditures on social welfare programs, and increasing the freedom of individuals to meet their needs through the marketplace and their families. That is, neo-conservative politics basically undermine public support for frail elderly people, not regarding it as a social right based on citizenship, but rather as the private responsibility of individuals and families.

In Alberta, declining resource revenues and increasing provincial budgetary deficits are fundamental reasons why the state is moving to reduce its involvement in the provision of elder care. Neo-conservative ideas about "family values" and the caring functions of families serve to legitimate such shifts in relations between the state and families. In other words, in the early 1990s when the provincial Conservative governments is facing an enormous debt load, a neo-conservative agenda which places economic concerns and deficit reduction well ahead of social issues of caring, is immensely attractive for those who consider social welfare costs to be a unnecessary drain on the economy.

But, in pushing aside the needs and concerns of women and older people so as to focus on deficit reduction, sources of structural problems in the social provision of care for older people become clear. Private and public difficulties in caring for elderly people are exacerbated by the weakening, rather than further development, of a comprehensive, publicly funded, and coordinated system of long term care for frail older people in Alberta. The paucity of community-based supports for family caregivers of the old and frail contribute to these problems, as do the erosion of established government programs for seniors. Moreover, women's attempts to gain greater equality as workers and citizens are marginalized. Undoubtedly, women's labour market activities are highly problematic for a provincial welfare state dependent on women's unpaid caring labour as a means to support dependents of all ages, but they are by no means the primary sources of current and potential problems in caring for frail older people. Rather, what is argued here is that women are disadvantaged from full participation as paid workers and citizens by social policies which place strong expectations on families, particularly women, to be the primary caregivers of their frail and elderly kin.

This chapter critically examines evidence drawn from several fronts which substantiate these assertions, and contribute to the overall thesis argument that current structural arrangements for the social provision of elder care disadvantage family caregivers, particularly women, and prevent their full participation in the social, economic, and civic life of the province. The development and subsequent erosion of the economic infrastructure of the provincial welfare state is traced and related to the development and erosion of publicly funded services for seniors in Alberta. In contrast to the ambitious expansions of the institutional long term care facilities by Progressive Conservative governments during the "boom" years of the 1970s and 1980s, the Alberta Government has placed a ceiling on its budget for institutional care and has vigorously promoted community-based and familial care as preferable alternatives. Attempts by the Alberta Government to redefine its relationships with individuals, families and communities so as to shift responsibilities for caring onto families (i.e. women) are critically analyzed.

Emphasizing the importance of "strengthening Alberta families" so that they can "perform their essential caring functions", and not neglect their responsibilities to do so, reveals the moralistic strains of neo-conservatism which permeate Alberta politics. This chapter examines how, and why the state has reformulated family policy according to the tenets of neo-conservatism, and argues that the directions set for social policy by neo-conservative ideas and agendas will lead to a weakening of supports for individuals caring for elderly relatives.

The implications for women seeking greater equality and power in their relationships within families, the labour market, and the state are not encouraging. Women's issues have enjoyed little more than passing attention by Alberta politicians, and for the most part have been marginalized and obscured by the emphases placed on strengthening families and women's nurturing roles within families. The efforts of women to achieve equality in all spheres of social life have been sidelined in favour of an economic agenda which places deficit reduction ahead of the concerns of women and

their aging families. More often than not, women and old people are the scapegoats for creating economic and social problems.

The remainder of this chapter is organized so as to substantiate these arguments from several angles. First, the economic "boom and bust" cycles which underpinned the development and financing of the provincial welfare state are traced over the past twenty years or so. The economic fortunes of the province are closely related to the pattern of development observed in Alberta's long term care system, the most important alternative to family care of the old and frail in Alberta. As the Alberta Government's fiscal situation has slipped deeper into debt over the past five years, it is no coincidence that greater emphasis is being placed by the state on community-based and familial care as preferable alternatives to high cost acute and long term institutional care. A "new vision for long term care" articulated by the Alberta Government (1988a) is premised on the assumption that responsibilities for caring are, first and foremost, that of individuals and families, but not the state.

This is not a gender neutral process, of course, but is based on a traditional division of labour between the sexes which casts women into the role of family caregivers. Tracing developments in relationships between women and the Alberta Government in recent years, I demonstrate the tensions and contradictions between the goal of achieving greater equality for women, as stated in the *Alberta Plan for Action for Women*, and the goal to strengthen informal caring by families, as stated in *Caring and Responsibility: Social Policy for Alberta*, and other policy documents. The problem of how to institute political measures which do not make these goals contradictory have not been seriously considered by the state, although they are of immense importance for social policy and for the status of women in Alberta.

Policy alternatives are needed which take a different direction from that established by neo-conservative ideas and agendas. The chapter concludes by identifying some of these alternatives, including the development and strengthening of programs and services for seniors in Alberta, and

supports for caregivers that do not place expectations on families and individuals that they should care, and should care with minimal support from the state. These and related suggestions are discussed with the view towards creating a society in which caring and sharing are accepted as collective social concerns of all Albertans, not merely as personal troubles.

From Surplus to Deficit: Economic Foundations of Alberta's Welfare State

During the 1970s, Alberta experienced a decade of unprecedented growth, low unemployment and substantial in-migration due to spectacular increases in the prices of oil and natural gas (Tupper, 1991). Under the leadership of Conservative Premier Peter Lougheed, and buoyed by tremendous revenues from the oil and natural gas fields,

> Progressive Conservative governments rhetorically preached the virtues of free enterprise and unfettered markets, but intervened extensively in the economy and society. There was a significant expansion of the provincial welfare state and increased funding for education, health care and the economic infrastructure. [...] Armed with substantial resource revenues, the provincial government was able to fund such activities, to maintain low tax rates and to accumulate significant surpluses. Indeed, the Lougheed governments stressed that their careful stewardship of provincial affairs resulted in Albertans enjoying the best public services in the country while shouldering the lightest tax burden. (Tupper, 1991: 453)

Between 1978 and 1981, natural resource revenues accounted for more than 50% of the province's total revenues (McMillan & Warrack, 1993). But, with the collapse of energy prices in 1986, resource revenues fell to less than 25% of all provincial government income. The response of the Alberta Government, however, was not to reduce expenditures. An extraordinarily large deficit, $1561 (1986 dollars) per capita, was incurred in 1987, and since then, smaller but still relatively large deficits have continued (McMillan & Warrack, 1993).

A series of bad loans to private sector businesses, reflecting the government's concerns to protect the interests of big business and corporate elites, went hand in hand with the strong reluctance of Conservative politicians to cut public expenditures or to increase public revenues through increased

taxation.[1] The devastating outcomes of these political decisions were all too evident within a few short years. A once robust provincial economy was transformed into a state burdened with massive deficits in the early 1990s, and for the foreseeable future. A report released by the Alberta Financial Review Commission in April, 1993 estimated the provincial debt at $19.8 billion as of March 31, 1993, and projected that, given current fiscal practices of the Alberta Government, it would double every three and a half years - faster than any other province in Canada (Crockatt, 1993).

With the realities of the economic problems facing the province now in the public domain, the course chosen by the provincial government, now under the leadership of Ralph Klein, was to distance itself from the mismanagement of economic affairs of the Getty administration and to deplore the spending practices of the previous Conservative government. A passage from the 1993 provincial budget proposal reads:

> Historically, we have tended to respond to society's needs by providing more and more "programming". This approach increased government spending, minimized risk-taking and created cumbersome control structures. Too often we have equated more spending with higher quality, more outputs with better results and tighter control with effectiveness.
>
> (Alberta Government, 1993: 127)

"Ralph's team", as the new Premier called Progressive Conservative candidates for the provincial legislature during the 1993 election campaign, promised to balance the provincial budget within five years (Alberta Government, 1993). This would be accomplished not by raising taxes or introducing a provincial sales tax, as recommended by the Alberta Financial Review Commission, but by drastically reducing expenditures in all areas of government. The pre-election Provincial Budget introduced to the legislature in May 1993 looked to a future in which the role and expenditures of the state would be massively cut.

The provincial welfare state is a prime target for these cutbacks, even though the government revealed no concrete plans to do so prior to the June 1993 provincial election. Nonetheless, according

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[1] Albertans pay the lowest provincial taxes in Canada (McMillan & Warrack, 1993).

to Provincial Treasurer Jim Dinning, "All areas of government are on the table. Health, education and social services make up about 70% of program expenditures. A balanced budget cannot be achieved unless savings are found in all program areas" (Alberta Government, 1993: 11).

Privatization of government services is a key strategy for limiting the role and expenditures of the state. Following the lead of the federal Conservative government and other right wing political ideologues, the Alberta Government is moving to minimize its role in the marketplace and to encourage private solutions to once regarded public concerns. According to the 1993 provincial budget, "Every effort will be made to minimize or eliminate the role of government in programs where private sector delivery is more appropriate" (Alberta Government, 1993: 129).

Alberta politics have become increasingly like those of other jurisdictions, for "the province must now raise revenues and spend money like other governments, giving rise to disputes about the burden and benefit of state activity which, while commonplace elsewhere, have been largely absent from Alberta's political discourse" (Tupper, 1991: 465). With the public sector and the provincial welfare state facing a series of major cutbacks, and the privatization of government programs viewed favourably, Albertans will be able to look to the state for less and less in the way of social supports in the 1990s. Government programs and services will be increasingly targetted to those seen as most deserving of assistance, and what remains of universal social welfare programs will contain less and less in the way of benefits.

Publicly funded and provided services for seniors have not, and will not, be immune to this process. Changes in the organization and delivery of long term care for seniors have been evident since the late 1980s, shortly after the government found itself facing an unprecedented level of debt. As the next section reveals, there is a deliberate shift by government away from high-cost institutional care to purportedly low cost alternatives, community-based and familial care of the old and frail. Neo-conservative ideas and the current provincial debt load have combined as powerful legitimating forces

in favour of limiting interventions and expenditures by the state for long term care of frail elderly people.

A New Vision for Long Term Care

Long term care refers to "an integrated mix of health, psychosocial, support and maintenance services provided on a prolonged basis, either continuously or intermittently, to individuals whose functional capacities are chronically impaired or at risk of impairment" (Alberta Government, 1988a: 3). The long term care system is a network of long term care services which flow in either direction along a continuum of care between acute care and long term care institutional settings, community-based programs and services and organized services at home (ibid.).

Alberta's system of long term care is of fundamental importance to the care of older people with health and social problems which limit their abilities to live independently. It is the most important alternative, and support for, family care of frail elderly people in the province, and represents the most significant investment of the state in caring for senior citizens. As such, changes in the long term care system initiated in the late 1980s have major implications for the social organization of care for older people in Alberta, and for the distribution of responsibilities for provision of care between the state, private sector providers, and families.

Since 1988, social policy has been shifting away from institutional care toward a greater emphasis on community and familial care of the old and frail. This shift represents a reversal of trends established during the previous fifteen or so years. During the economic "boom" years spanning from the early 1970s to the mid-1980s, care for older people in Alberta evolved from almost complete reliance on family and community supports to one of the highest levels of institutional long term care in the world. By 1986, Alberta had the highest number of extended care beds (24.2) per 1000 persons

age 65 or over compared to all other provinces in Canada.[2] Over 10% of all Albertans over 65 years, and 25% of all Albertans over 85, resided in long term care institutions, many of which were newly constructed "state of the art" facilities throughout rural and urban regions of the province. Alberta prided itself on having "a system of long term care which is the envy of many other provinces in Canada", the "most advanced system in the country" of nursing homes, auxiliary hospitals and acute care hospitals, and "world class services for senior citizens" (Alberta Government, 1988a).

However, within a year of the collapse of natural resource revenues, the tenor of this political rhetoric contained more cautionary notes. By 1988, Conservative politicians and civil servants publicly warned that current rates of institutionalization of the elderly and levels of services for seniors were not economically sustainable. They joined the federal Conservative government, and like-minded Thatcherites in Britain (Walker, 1991), in advocating community-based, familial care as a less expensive, and more attractive alternative to expanded institutional care for old people. As Walker (1993: 204) points out, the main object of community care policy in Britain has been to reduce the role of state agencies as direct service providers while, at the same time, the growth of informal, voluntary and private welfare is encouraged, often under the guise of promoting a 'mixed economy of welfare'. This shift in social policy thinking is clearly reflected in the Alberta Government's *New Vision for Long Term Care* first tabled in 1988. This policy paper delineated a plan for restructuring the long term care system so as to foster and promote a continuum of appropriate long term care for the aging population, emphasizing independence and quality of life in a community and family-based environment, commensurate with the resources of the province and the individual (Alberta Government, 1988a: 9). A major goal was to "ensure that family and community based services are given priority to enable seniors to remain at home" (Alberta Government, 1988a: 10).[3] Recognizing

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[2]Extended care beds include beds provided for geriatric, chronic, extended, auxiliary care and veterans care, and beds for other long-term or chronic illnesses found in both general and specialty hospitals and extended care facilities (Alberta Government, 1988a).

[3]Nine points neatly summarize the major reforms proposed: (1) Implement a single point of entry; (2) promote wellness of seniors; (3) increase volunteer input and promote public support; (4) expand community services through planned growth; (5) support independence; (6) promote development of special housing support services;

the potential cost-savings to government of community-based care, greater reliance was to be placed on the Alberta Coordinated Home Care Program as the single point of entry for long term care, and the preferred state-funded alternative to institutional care for frail older people.

The Alberta Coordinated Home Care Program has a legislated mandate under the Public Health Act to provide health care services (nursing, rehabilitation therapy[4], and health care procedures authorized and supervised by a nurse or a rehabilitation therapist), personal care services, and homemaking services delivered on a decentralized basis through the 27 health units of Alberta. From 1980 to 1990, the volume of services provided by the Coordinated Home Care Program steadily expanded such that the average monthly caseload increased from less than 500 clients a month to almost 19,000 per month. During this same period, funding grew from $10.5 million to $64 million (Alberta Government, 1992h). In 1990, 89% of all home care clients were over the age of 65 (Alberta Government, 1992h).

Notwithstanding the emphasis placed on the Coordinated Home Care Programs as the single point of entry for long term care and the key community based source of health and social support services for frail older people, home care services remain a relatively underdeveloped and underfunded component of the long term care system in Alberta. While politicians and bureaucrats promote community-based care of seniors and disabled adults, minimal state resources have been allocated to this vital program. Based on 1992-93 budget allocations, Alberta's Home Care Program received only *1.98%* of the total provincial health care budget (Alberta Government, 1992d: 4).

In 1992, a freeze on the provincial budget allocated for long-term institutional care was implemented. This freeze reflected the economic problems faced by the provincial government and its

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(7) develop a single long term care institutional system and lower bed requirements; (8) enhance geriatric and gerontological training of care providers; and (9) improve coordination. Of these nine points, increasing volunteer input has been most heavily criticized on the basis that volunteers (i.e. families, friends, and volunteer community agencies) are already providing considerable care for frail elderly Albertans.

[4]Rehabilitation therapy services mean services provided by a physiotherapist, an occupational therapist, a speech pathologist, or a respiratory technologist (Alberta Government, 1991g).

commitment to limiting expenditures on long term institutional care for older Albertans. Nursing home occupancy rates were reduced from 96% in 1992, to 94% in 1993. Waiting lists for long term care crept steadily upwards as a result. Quoted in a May, 1993 *Edmonton Journal* article entitled "*Fewer Beds Mean Longer Waits for Geriatric Care*", the President of the Capital Care Group, Sheila Weatherill, rationalized the lowering of nursing home occupancy rates by saying, "Caring for fewer people is better than reducing the quality of care, and Premier Klein's government has opened up this option" (Pedersen, 1993a: B3).

Demands for home care services have risen steadily as access to long term institutional care becomes more difficult, if not impossible for frail and disabled seniors in the province. Although the Alberta Government increased the 1992 -1993 budget for home care services by 10%, demands for home care services have risen even faster as acute care hospitals refer more, and sicker people to the health units for health care and support services. The strain on local health authorities is evident to observers. In 1992, 400 seniors who had previously been admitted to the Edmonton Home Care Program for home making services were discharged in order to make room for "people who might otherwise wind up in a hospital or extended care institution" (Pedersen, 1993b: B2). The response of seniors' organizations has been swift and negative. "People are suffering as a result", claims Hazel Wilson, vice-president of the Alberta Council on Aging and past-president on the Edmonton's Society for the Retired and Semi-Retired. In her words, "Seniors who don't get help with household chores may move into a lodge or nursing home if they don't get help, defeating the government plan to cut costs by providing cheaper community services. It's a vicious circle" (ibid.).

A residualist (i.e. minimalist) approach to social policy shines through the 1992 home care position paper, "*Home Care in Alberta: New Directions in Community Support*". On a now familiar theme, it claims that the Home Care Program's philosophy is "based on the belief that the primary responsibility for maintaining and providing care and support lies with individuals and families" (Alberta Government, 1992c: 5). While it is acknowledged that, "In the past, women have fulfilled the

caregiving role for older Albertans, but as more women enter the paid labour force, fewer are available to provide care on a day-to-day basis" (p. 3), there is no mention of the problems women, and men, encounter in balancing employment and elder care responsibilities.

Eligibility criteria for the Alberta Coordinated Home Care Program reflect this residualist approach for the provision of care by the state, with the bulk of responsibility replaced on individuals, their families, and friends. According to provincial home care policy, "Each potential client will be assessed [...] to determine: (1) what they can do for themselves; (2) what help can be provided by family, friends and volunteers; and (3) what home care can do to assist them" (Alberta Government, 1991h). The role ascribed for the home care program is limited to offering respite services, information about help available from Home Care and other community resources, and "the lowest level of intervention required to meet the client's [not the caregiver's] assessed needs" (p. 28). A key strategy is teaching clients and families "to care for themselves rather providing direct services" (ibid.). There is no recognition of problems faced by Albertans in combining family caregiving with employment or other responsibilities, or that families, especially women, may not have the resources to be all things at all times for their frail elders.

In Britain, Crowther (1982) has shown that in times of economic stringency, there is a tendency for the state to redraw social boundaries between the state and families. In Alberta, the size of the provincial deficit and the acceptance of the central tenets of neo-conservatism by the government in power are obviously shifting state/family relations in the direction of minimizing the role of the state and idealizing families as the natural and proper site of caring relations. With the province now facing an unprecedented level of debt, the provincial government is actively redefining boundaries between the state and citizens of the province, and is making clear that the balance of responsibility for caring is placed on individual Albertans, their families, and their communities. This process of redefinition, analyzed in the next section, essentially means that the state is withdrawing from its earlier levels of commitment to meeting the needs of older Albertans, and is leaving individual women and men to sort

out their own solutions to problems in caring for elderly kin. Neo-conservatism dictates a path in which crises in caring are personal troubles, not public issues of much concern to the state.

Shifting the Boundaries of Caring and Responsibility

Analysts of neo-conservatism have disagreed about its precise parameters, the relationships amongst its component parts, and explanations for its success (Erwin, 1993; Teghtsoonian, 1993: 101). Yet most agree that a number of strands of this ideology stress different values, and may even conflict in their normative visions and the policy positions deriving from these (ibid.). There is a potential tension between the economic conservative's commitment to minimizing the role of the state, and the social conservative's vision of a more activist state enforcing traditional, family values. This tension is evident in the Alberta Government's *Family Policy Grid* in which an intent to minimize the role of the state in the "private" domain of families runs counter to active state support for families, and reminders to families of responsibilities to care for their members. Distinguishing between the "public" and the "private", yet acknowledging their interrelatedness, The Premier's Council in Support of Alberta Families observes that

> The decisions and choices of family members have public consequences in the same way that public policy choices and decisions have consequences for families and their members. Respecting and maintaining this delicate balance of the private and public domains of family life is a challenge for public policy. The focus of these efforts is intended to ensure that public policy supports family life and family well being without encroaching on family privacy and without diminishing the responsibilities of families. (Alberta Government, 1992a: 6)

The ambivalent messages conveyed by this text are that the autonomy of the family must not be interfered with, but as an institution it needs to be protected. Further, while the family is assumed to be the "natural" unit of support, yet the state must ensure that people fulfill their obligations in practice.

The ideas which underpin an emphasis on the independence of the family from the state run deep in conservative thought and rest on the belief that the stability of the social order depends upon independent families with a strong, patriarchal head forming the basic unit of society (Nisbet, 1987).

Within this tradition, it is possible to see why it is regarded as of utmost importance that the independence of the family should be protected, and that it is proper for the state to secure this end. Paradoxically, interference by the state can undermine the achievement of this objective.

This conflict is accentuated when the emphasis upon different principles shifts over time, so that policies formulated during the economically prosperous years of the 1970s and early 1980s coexist with policies developed in the late 1980s and early 1990s when economic and political circumstances have changed for the worse. The decline in resource revenues and the creation of an enormously large provincial debt triggered dramatic changes in the content and direction of social policies in Alberta. As well as tabling a "new vision for long term care" in 1988, the Alberta Government issued a new social policy document, *Caring and Responsibility: A Statement of Social Policy for Alberta* intended to chart a new direction for social policy in the province. The principles and policy directions laid out were intended "to provide a framework for social policy in Alberta, a basis for the review and refinement of existing social programs, and a basis for planning, development, and implementation of new programs and services". The opening statement of *Caring and Responsibility* recognizes the interconnectedness of the economy and society, and speaks of Albertans' "tradition of caring for each other" and equality among all Albertans. It reads,

> The Government of Alberta recognizes that social and economic development are inseparable. It is committed to building on our tradition of caring for each other and ensuring a quality of life in which all Albertans can participate democratically and share fully on equal terms in the rich cultural, economic, and social diversity of their province and in its future development. (Alberta Government, 1988: 9)

Paradoxically, the structural arrangements for caring which are currently promoted by the Alberta Government are antithetical to social equality, for they place disproportionate responsibilities on individuals and families, particularly women, to perform caring functions for their frail elders. Given the existing structural and ideological barriers to sharing the caring more equitably between the state, families, and employers, and between women and men, it is not possible for many women who

care for dependent family members to share fully on equal terms in the cultural, economic, and social life of the province.

Still, the provincial government has asserted that it would provide the necessary leadership and overall responsibility for provincial social policies, and will provide support and resources to create an environment in which Albertans can work together, be self-reliant, and take responsibility for their own lives, their families and their communities. In other words, a strong state is seen as necessary to gain consensus and control over the direction of social policy in the province, with the state clearly taking the view that individuals, families, and communities should, and will be, responsible for their own welfare. Toward this end,

> Government policies and programs must promote and facilitate individual initiative and self-reliance, self-sufficiency and responsibility and [...] must enable individuals, families and communities to build on our strong tradition of volunteerism, and to take increasing responsibility for caring for themselves and for those in need of help and support. (Alberta Government, 1988b: 12)

There is no clearer indication than this which affirms that the state places responsibilities for caring, including those for elder care, squarely on the shoulders of individual Albertans and their families. The role of the state will be to prescribe and enforce these social arrangements for caring, irrespective of the opinions and preferences of the populace.

In 1989, Conservative Premier Don Getty campaigned on the platform that there was a need "to nurture stronger family units" in Alberta (Tupper, 1991: 457). After re-election to office that year, albeit with substantially reduced seats in the legislature, the Conservatives' old age policies and programs have vigorously promoted family care of the aged as a socially preferable and cost-effective alternative to publicly funded systems of social support. To further this aim, the *Premier's Council in Support of Alberta Families* was established in March 1990 "as part of several government initiatives to support Alberta families, to ensure that families remain strong and that those in crisis receive the support of a caring society" (Alberta Government, 1992a). The role of the Council is to advise the

government on how its policies, programs and services may affect family life in Alberta and to ensure that attention is given to the needs of families in all public policies.

One of the first tasks of the Council was to develop a *Family Policy Grid*, a statement of principles against which to assess policies, programs, legislation, and administrative procedures. Specific objectives of the *Family Policy Grid* are to:

1. Heighten awareness of ways in which government affects families;

2. Facilitate review of existing and proposed policies and programs in order to ensure that they do not have unintended consequences for families;

3. Address the consequences of policies for families;

4. Facilitate agreement on the objectives of policies and programs for families;

5. Facilitate a coherent policy approach to families across government; and

6. Increase sensitivity at all levels of government on the importance of supporting and strengthening families in all actions taken by government. (Alberta Government, 1992a)

Expectations by the government that families will care for their frail elderly kin, with minimal support from the state, are coloured by the myth that families do not care for the elderly as they did "in the good old days", and that they need to be reminded of their obligations in this regard. This myth is invoked as a rationale for shrinking the formal support system and encouraging its non-use to save public funds. In this vein, the Premier's Council in Support of Alberta Families has publicized the view that, "When it comes to families, [...] the diminished role of personal responsibility has resulted in the weakening of families. Some are of the view that people demand too much for themselves and do too little for others." In response to the perceived disintegration of family life in Alberta, the first principle of the Council's Family Policy Grid is that "Government policies and programs *support* and

supplement the ability of families to fulfill their essential roles and responsibilities" (Alberta Government, 1992a: 18). Perhaps not surprisingly, "Caring for and about each other" heads the government's list of these essential familial roles and responsibilities (Alberta Government, 1992a: 16).

Government initiatives toward "supporting" the family" in effect mean that a particular type of household, and set of personal relationships, are being encouraged. In this type of household and kin group, women provide the unpaid labour which secures the reproduction of the population and the care of the sick and elderly. To draw the boundaries between the state and family in such a way that these actions fall within the sphere of the family rather that the state assumes a particular definition of women's work, and makes specific assumptions about the role of women in our society (Finch, 1989: 11).

These assumptions rest firmly within the moral tenets of neo-conservatism, with its emphasis on reducing the involvement of the state and increasing family responsibility for the care and support of dependents of all ages. From this perspective, claims on the family are to take precedence, with claims upon the state only coming into play when these are exhausted (Finch, 1989). The real meaning of supporting the family is supporting family responsibility, as distinct from state responsibility, for dependents old and young (Pascall, 1986: 38).

The political consensus about the desirability of "supporting the family" in order to enable it properly to "care for its members" clearly makes an assumption about the naturalness of family obligations and the desirability of the state's reinforcing them (Finch, 1989: 9). By extolling the superior virtues of "the family" as caregiver, government policies are justified which limit access to public services.

But does the concept of "caring families", of the idea that caring is distinctively associated with family life, make any sense as a description of how most people in Alberta live in the 1990s? Does it represent a model of family life which most people regard as right and proper, an ideal to

which they ought to aspire? When the Alberta Government tries to encourage this model, is it simply supporting what the majority of Albertans do in any case? Exhortations by the state to families that they should, and must, care for their members are largely unnecessary. Families *do care*, as data from the Alberta Surveys clearly indicate, and these families include many women and men who, contrary to popular belief, integrate employment with family caregiving for elderly relatives. Albertans do not need to be reminded of their responsibilities to care for family members, even though the Alberta Government reminds them that, "There is no effective substitute for the role that families have in nurturing, loving and caring for each other" (Alberta Government, 1992a: 16).

Women and the State in Alberta: Equal Opportunities?

The consequences for women in terms of their own economic and social well-being have been largely ignored in discussions of the advantages of community and family care for frail older people. A key issue is whether the emphasis on the family and community care is commensurate with social and economic demands on women in Alberta. During the economically prosperous years in which the Lougheed administration held office (1971-1985), gender equality issues were not a feature of the Alberta Government's policy program. According to Trimble (1992), changes in women's lives were not politically salient in the 1970s and early 1980s because many Albertans believed their economic well-being would be ensured by a government which opposed the federal government and supported the oil and gas industry. The economic recession of the early 1980s and collapse of oil and gas prices in 1986 eroded these illusions and exposed internal conflicts and cleavages along class, gender, ethnic, and racial lines (Dacks, 1986). The political significance of gender rose, and was evidenced by the growth in women's lobby groups and the increased representation of women in the legislature following the 1986 provincial election (Trimble, 1992).

In 1986, it seemed a new era had arrived in which "women's issues" had gained a place on the political agenda of the Alberta government now led by Don Getty. That year the government

introduced *The Alberta Advisory Council on Women's Issues Act*, albeit after considerable sustained pressure from women's group's in the province, in order to create the Alberta Advisory Council on Women's Issues (AACWI). Mandated by this legislation, the Council "would advise and report to the Government on all matters pertaining to women, and assist them in providing the opportunity for women's full and equal participation in the life of the province" (Alberta Advisory Council on Women's Issues, 1992: 2). The existing Women's Bureau was transformed into a Women's Secretariat with increased funding and a stronger mandate to raise gender equality issues in the government bureaucracy and review government policy with women's concerns in mind. By 1988, the AACWI and the Women's Secretariat were joined by the appointment of Elaine McCoy as Minister Responsible for Women's Issues.

Soon after, McCoy announced that the Alberta Government would conduct a series of public consultations under a project titled, "*Person to Person: An Alberta Dialogue on Economic Equity for Women*" (Alberta Government, 1989d). The stated intent of the *Dialogue* was "to learn what Albertans had to say about the priorities, challenges and issues now facing women, both in the home and in the workplace" (ibid.: 1). In discussions with women in 12 rural and urban communities across Alberta, "women said balancing the demands of work and family is the major challenge facing them today" (ibid.). Women spoke of the multiple competing demands placed on their time and energy, being forced to limit their participation in the labour force because of "the demands of home", the attitudinal and structural barriers created by inflexible workplaces, and the lack of recognition and value placed on caregiving activities, in and out of the labour force. Observing that "women's role as childbearer and primary caregiver means that they lead their lives in very different patterns [from men's], often moving, as family situations change, between the workplace and home several times in the course of their careers", participants in the *Dialogue* identified the need for social changes which would make "society more accommodating to the necessarily changing patterns of women's lives" (Alberta Government, 1989d: 11). Pay fairness, education, training and counselling, daycare, participation in the

community, respect for homemakers, recognition of women's need to work, workplace flexibility -- all of these were identified as issues and areas of concern (Alberta Government, 1989d: 23). It was concluded that, "Women, the workplace, the educational system, the family and government -- all will need to work together in partnership to promote the full and equal participation of women in Alberta life" (Alberta Government, 1989d: 23).

Later that year, the *Alberta Plan for Action for Women* was launched (Alberta Government, 1989b). The principles outlined in *Caring and Responsibility* established the direction in which this action plan aimed to address issues of concern to women in the 1990s and beyond (Alberta Government (1989b). The *Alberta Plan for Action for Women* promised equal opportunities for women to participate in the life of the Province and to develop their strengths and potential. To what end would this goal be pursued? It was the opinion of the Alberta Government that, "Improving the status of women will ultimately lead to stronger women, stronger families, stronger communities, and a stronger Alberta" (Alberta Government, 1989b: 4). The status of women was clearly linked to their roles within families and communities, not the formal economy, and women were seen to perform the essential function of "strengthening" families, communities and Alberta as a whole.

True to neo-conservative beliefs in familism and traditional roles for women, "Women and the Family" headed the government's list of target areas for implementation of the Action Plan. In this regard, the Alberta Government stated its intentions

> ¬ to promote the health and well-being of the family unit in Alberta, recognizing the diversity of family structures and the need to ensure their equal treatment in legislation, policy and programs,
>
> ¬ to improve societal attitudes regarding work in the home and child care so that these activities are recognized as valuable and meaningful work in which both women and men should share,
>
> ¬ to promote an environment which supports and encourages the successful harmonization of work and family responsibilities, and
>
> ¬ to promote economic equity for women in the home.

These objectives left little doubt that the concerns of women were regarded by a male-dominated state in terms of "home and family". Economic equity was to be promoted in "the home", not the paid labour force. In fact, male Conservative politicians repeatedly expressed their strong opposition to pay equity initiatives in the provincial labour force, and refused to introduce legislation which would require employers to implement pay equity policies and practices. Prominent among this group are the current Premier, Ralph Klein, and the Deputy Premier, Ken Kowalski.

The government's action to promote "the family" led Alberta feminists to questions its commitment to "women's issues" (Trimble, 1992). Gender equality issues were obviously being subsumed under so-called family issues. The political emphasis placed on the importance of families (i.e. women's) caregiving roles in the home were no doubt useful to a debt-ridden provincial government intent on cutting expenditures for social welfare programs. It is no coincidence that in this scenario the Alberta Government emphasizes the value, importance and contribution of women's nurturing (Alberta Government, 1992b).

These social policy directions augur a grim future for women and their aging relatives who have few financial resources with which to cope with these responsibilities. To the extent that community care policies rely on women's unpaid domestic labour and may necessitate their withdrawal from the labour market, such policies are counter-productive to the promotion of "equal opportunities" for women (Finch & Groves, 1980). Community care policies must not lead to further social and economic inequities for women. The impacts on women of familial and community care policies must be taken into account when assessing the overall costs and benefits of health and social policies which promote family and community-based care of frail older people.

Women who care for dependent individuals in the community are in a vulnerable position, especially when this care limits their opportunities for paid employment. According to Bullock (1990:

76), "they may feel compelled to "put up with" more rather than risk the loss of the resources they already have - whether these come from a male partner or the government" (1990: 76). She asserts that

> The state organization of women's work as care-givers in the community mitigates against a politics of care. The reliance of the state on an ideologically constructed family/community category to meet its own financial and administrative priorities reinforces and deepens the forms of inequality mentioned earlier - particularly those arising out of gender. Women are not only bearing the brunt of the state's requirement to divest itself of expensive long-term care responsibilities; many of them are also rendered more dependent on a male wage as a result - even middle class women. That economic dependence can be more "silencing" than even the "invisibility" of the work itself (Bullock, 1990: 76).

As a social agenda sinks along with the economy of the province, so, too, are disappearing opportunities and possibilities for women's equality in all spheres of life and for more equitable sharing of caring responsibilities between women and men, and between families and the state. The dismantling of the ideology of familism, so central to neo-conservative politics, is one of the policy challenges facing Canadian women and men now and in future (McDaniel, 1990). But creating family policies with women in mind, as McDaniel recommends, is not a priority for the Alberta Government. Ignoring the concerns of women is more in vogue, as evidenced by the threats made by Conservative politicians in 1993 to abolish the Alberta Advisory Council on Women's Issues. In this political and economic climate, not unlike that described in Britain by Alan Walker,

> The challenge for policy is to find ways of sharing care between family and state, ways which do not exploit the willingness of female kin to care but which at the same time maintain the independence of older people and their families.
> (Walker, 1991b: 110)

Towards More Equitable Sharing of the Caring

If Albertans possess a strong streak of individualism, they also hold strong beliefs in favour of sharing the caring for older people by communities and society at large. To outsiders this may seem puzzling, but nonetheless makes sense in a province where once oil rich Conservative governments have successfully wedded the rhetoric of limited government with the practice of actively intervening

in the economy and developing an extensive provincial welfare state.[5] While social policy statements repeatedly emphasize individual and familial responsibilities for the care of those in need, the Alberta Government has pledged to protect that which Albertans value the most, the provincial welfare state, and to preserve services for seniors.[6]

According to the 1990 Alberta Survey, the emphasis placed by the state on families caring for their members is not totally consistent with the preferences of older Albertans who prefer to receive institutional care (72% of women and 78% of men) or professional home care services (72% of women and 52% of men) rather than rely on their families for help (Krahn, Odynak, & Gubbins, 1991). Thus, "while family care may be seen by some policy-makers as a cost-effective approach to providing care for a growing elderly population, it is the elderly who are least likely to see this as a preferable approach" (Krahn et al., 1991: 26). Further, elderly Albertans, especially elderly women, are very resistant to the suggestion that, "Canadians should be encouraged to have their dependent elderly parents come and live with them" (Krahn et al., 1991). Older Albertans clearly prefer to retain their independence and, for the most part, do not want to rely on care and support provided by their family members. Exhortations by the state to shift more and more responsibilities for care onto families are likely to meet strong resistance from older Albertans. From the 1990 Alberta Survey it is also evident that women are less likely than men to agree with the family care option for elder care (35% vs. 47%) (ibid.). This may well be the case because of women's personal experiences in providing elder care and hence, their awareness of the difficulties and personal impacts on their employment and other roles and responsibilities.

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[5]An intriguingly similar profile of attitudes is found among Norwegians as reported by Martinussen (1992-93) in a paper entitled, "Welfare State Support in Achievement-Oriented Hearts: The Case of Norway". Martinussen observes that, in Norway, "Support for a high level of public redistribution is found in combination with a broader individualistic culture. Its basic norm is that every citizen is entitled to a decent material security, while, at the same time those who can should seek to be the architects of their own future".

[6]When asked during the 1993 provincial election campaign about services for seniors, Premier Klein replied, "Our commitment to seniors is quite clear -- that nothing, nothing will be done to change in any way, shape, or form any seniors program until there is full and complete consultation with seniors' organizations. We are totally committed to the health and welfare of seniors in this province".

Family caregivers' opportunities are constrained by the lack of enlightened employment policies - such as flexible work arrangements and employee assistance programs that would protect their labour market positions if they spend prolonged periods in full-time caregiving for frail elderly relatives -- and by underdeveloped community based systems of support for frail older people. Social policies and programs are needed which are supportive to family caregivers, and which limit the reliance on women and families for the provision of elder care (Gee, 1990). Support for family caregivers must be an essential component of any comprehensive system of community based long term care. As the Seniors Advisory Council for Alberta emphasizes in its 1991-92 Annual Report, "Supporting caregivers may make it possible for elderly persons to continue living in the community" (1992: 16). It should be noted, following Gee (1990: 196), "that 'supportive' policies need not be based on the assumption that family bears the primary responsibility for aged persons. Rather, such policies would ensure that measures to assist family members are in place, should they be needed".

There is also a need for more equitable sharing of elder care responsibilities between women and men. The gendered division of caregiving work must be reduced in so far as women are disproportionately involved in the more time-consuming, labour intensive caring activities and are identified as *the* caregivers of society on the basis of their gender and assumed natural propensity to care for others. Hooyman (1992: 196) argues that a just and equal society, a caring society that can meet the needs of all individuals who require support, is not possible as long as inequality between men and women persists. In her view, "To address gender inequities in elder care and, thus, to rebalance the roles of women and men, fundamental social institutions - the family and the workplace - must be reorganized. This may well entail abolishing the role of full-time individual caregiver in favor of a variety of forms of collective care performed by both women and men" (ibid.).

Toward this end, community-based services and programs which effectively support and promote the health and well-being of frail and disabled elderly persons are vital. The expansion, not erosion, of publicly funded and administered community based services and programs for seniors to

maintain their independence and well-being must be an essential component of a social system of elder care. Support for employed family caregivers can be indirectly provided by supporting older people through flexible, and diverse programs provided according to individual needs. No single approach will work for everyone. Not only do the needs and limitations of the old vary tremendously, so do the needs of their caregivers.

These supports must include government programs which assist older people to maintain their health and well-being in their communities. As Gee (1990) suggests, providing assistance directly to older individuals helps them to maintain their independence instead of becoming more dependent on families and friends. While the Alberta Government provides support to seniors and their families through income security programs, extended health benefits, the coordinated home care program, adult day care, respite care, geriatric assessment and rehabilitation services, institutional long term care, housing, life enrichment programs, and other services (Alberta Government, 1992d), maintenance of these provincial government programs and services is essential not only for seniors, but for those women and men who care for them. These programs and services can, and do, make a critical difference in allowing individual women and men to continue employment while caring for frail elders.

The conditions under which elder care is organized and provided reach beyond social policy and are influenced by public policies in spheres other than those labelled as health and social services. Federal and provincial policies with respect to employment, unemployment, education, retirement and pensions, housing, veterans' affairs, economic development, immigration, human rights, and the status of women all shape the direction and content of social policies and programs which impact on the care of older people in Alberta and other regions of Canada. Action in all of these sectors is necessary to create a more caring society, one in which the needs and concerns of women and elderly people take a prominent place in social life.

Summary and Conclusion

This chapter has built on earlier analyses, arguing that the origins of problems in the social provision of care rest within the economic problems and neo-conservative political ideas dictating the direction of social policy in Alberta during the 1990s. In Alberta, it is an understatement to say that greater weight is now being placed on economic concerns than on social issues, and that neo-conservative ideas and agendas have been highly attractive to Progressive Conservative politicians and their followers who have pledged to eliminate the provincial deficit by 1996-1997.

If major problems in caring for increasing numbers of frail elderly people are to be avoided, then care must be shared more equitably between the state and families. Toward this end, Albertans have identified, "A desire to develop communities in which families and individuals reach out more to one another, in a spirit of interdependence. These extensions to families, at the personal level, are seen to be essential. They can bridge the gap left by the lack of extended family support, as a result of smaller families, increased mobility and, in some cases, alienation from other family members" (Alberta Government, 1992a: 25). And, as this excerpt from a provincial government report indicates,

> Many advocate a renewed emphasis on *sharing and caring*, where people consider their actions in light of their responsibility to others and to the larger society - a society which values people, in terms of their social contribution.
> (Alberta Government, 1992c: 8).

The social provision of care for frail older people in coming years will be linked to the fortunes of the provincial welfare state. The political economy of Alberta, not women's labour market activities, will primarily determine the nature and extent of problems in caring for older people, now and in future. Current long term care policies in Alberta are doing little to alter the supply of freedoms in favour of carers and those for whom they care. Indeed, they are still based on what Land and Rose have called women's 'compulsory altruism' (Land and Rose, 1985). This will continue until the complexity of relationships between the family, the market and the state are taken into account, and the assumption is challenged that caring is an attribute and activity which naturally belongs to women

(Land, 1991). This chapter has attempted to do so, and has argued that fundamental changes in the current direction of state and family relations for the social provision of elder care are needed to ensure that older people receive the community based supports they need and prefer, that families have viable options for providing support to older kin, and that family caregivers, particularly women, are not prevented from full participation as citizens of the province.

Chapter 9. Conclusion

Women's labour market activities are highly problematic for welfare states dependent on women's unpaid caring labour as a means to support dependents of all ages, but they are by no means the primary sources of current and potential problems in the social provision of elder care. These difficulties are more attributable to the paucity of employer and community based supports for family caregivers of the old and frail, the erosion of established government programs for seniors, and the marginalization of women's attempts to gain greater equality in all spheres of social life.

Chapter 2 established a theoretical foundation for the study, and drew primarily from two distinct, yet not incompatible, streams of social and political thought -- feminist theory and Esping-Andersen's (1990) conceptualization of welfare state regimes. Feminist analyses and critiques of liberal and neo-conservative political ideas, and of typologies of welfare state regimes provide bases for exploring inter-relationships between the state, the market economy, and families as they influence the social provision of eldercare and gendered relations of caring (Orloff, 1993). Building on Esping-Andersen's (1990) conceptualization of welfare state regimes, this study adopted a conceptual framework which viewed the social provision of elder care in the context of gendered relationships between families, the market economy, and the state. In the case of Alberta, these relationships are strongly influenced by neo-conservative ideas and political agendas which are antithetical to more equitable sharing of responsibilities for caring beyond the "private", idealized spheres of "the family".

The chapter concludes with an analysis of the concept of caring, given its centrality to the meaning of elder care and its importance for understanding caring as a form of work. The feminization of caring is explored both from a historical perspective and from the contrasting viewpoints afforded by maternalist theories, structural functionalism, and socialist feminism. Caring has been incorporated within the gender order of social relations, an order which provides the mode of interpretation through which individuals construct a subjective and social identity. As Dalley (1991) points out, "A view that

holds women to be caring to the point of self-sacrifice is propagated at all levels of thought and action", and reinforces the view that women's behaviours *must* be the cause of societal problems in caring for frail elderly people. By virtue of their assumed "natural" propensity to care for, and about, others, in contradistinction to men, it is women's labour force activities which are considered problematic for welfare states intent on taking a residual approach to the social provision of care.

Chapter 3 described four distinct methodological approaches, both quantitative and qualitative, used in the study. These methods included a review and analysis of current population and labour force trends, survey research with two large representative samples of the adults in the Alberta population in 1991 and 1992, analyses of family-related benefits in private and public sector labour agreements of unionized employees in Alberta and the rest of Canada during 1991 and 1992, and analyses of Alberta Government social policy documents with implications for the social provision of elder care in the 1990s.

Chapter 4 began by critically examining the assumption that women's labour force activities are causally related to problems in caring for the growing numbers of frail older people associated with population aging, and suggested that this simplistic interpretation fails to take into account other demographic, social, and political trends which shape and constrain the social provision of care. A review of current population and labour force statistics and trends revealed that "traditional family caregivers" in the form of married middle aged women not in the labour force are a rarity in late twentieth century Alberta, as the majority of women under age 65 are employed on a full-time (64%) or part-time (36%) basis. Well-established population trends toward high rates of female labour force participation, lower fertility, smaller families, dual earner couples, a divorce rate higher than the national average, and the geographical dispersion of individuals away from communities of origin all contribute to shortages of accessible family caregivers for frail older people. Hence, to focus solely on women's employment in the paid labour force as the primary cause of a current and future "caregiving crunch" simply does not make sense when confronted with the facts on contemporary Albertans.

Chapter 5 addressed four key questions which challenged the assumption that women are *the* caregivers of society, and that "employed women do less" for their elderly kin by virtue of their labour market activities. These questions asked: (1) What is the prevalence of elder caregiving among a representative sample of adult Albertans, and in particular, among women and men in the paid labour force? (2) Who are the caregivers? (3) What is the nature (i.e. type, frequency, patterns) of the care women and men provide to elderly kin?, and (4) Do employed women, and men, provide less care than those who are not in the paid labour force? Based on results of the 1991 and 1992 Alberta Surveys, it was found that when a broad definition of "caregiver" is used, there were no gender differences in the prevalence of elder caregiving among employees in the labour force, and that the concept of caregiver subsumes tremendous diversity across, and within, gender groups. About one in three Albertans were involved to some extent in elder care activities. Yet there was evidence of a gendered division of caregiving work, with women more likely to provide ongoing, time-intensive help. Data from these surveys strongly suggested that employed women, and men, were no less likely that other women and men to provide elder care. There seemed to be little substance to arguments that women's and men's labour market activities substantially reduce their involvement in elder care. Employment status *per se* was not a critical factor in determining whether Albertans helped their elderly kin.

Chapter 6 elaborated on the nature of relationships between unpaid and paid labour as exemplified by elder care and employment in the paid labour force. While most employed caregivers in Alberta did not report that their work performance had been negatively affected because of responsibilities to care for elderly relatives, nor indicate absenteeism from their jobs, plans to change their work arrangements, or quitting a job for this reason, substantial numbers of the Albertans surveyed did experience these problems. About 20% of women and men employed full-time had taken time off from paid work in the past 12 months so as to help elderly relatives, 6% said their job performance had been negatively affected, 11% of women in the 65-74 year old age group said they had quit their jobs, and quite likely retired, because of commitments to care for older relatives, and at

least 20% of full-time and part-time employees expected to change their work arrangement in some way because of elder care responsibilities. Moreover, these impacts, with the exception of absenteeism, were consistently higher among women than men. Women were observed to be most vulnerable to the immediate and long term impacts of caregiving on their labour market activities.

Chapter 7 focussed on the employment conditions under which caregiving occurs. While most Albertans surveyed supported the opinion that employers should provide flexible work arrangements and other benefits to assist employees in caring for elderly relatives, by and large, elder care issues have been of marginal concern to employers and the state, becoming relevant only when employee productivity and corporate profits appear threatened. Unions have only begun to address elder care issues, and, based on evidence from major collective agreements in Canada, there are minimal, if any, family-related benefits to support employees who experience difficulties integrating employment with elder care responsibilities. Only in the heavily unionized public sector where women predominate has there been any significant feminization of the labour agenda, and tangible efforts to address work and family issues. These initiatives have been short-lived, however, as the Alberta Government aims to reduce the size of the public service, and co-opts family-related benefits as a means to reduce the number of full-time, full-year positions.

It was argued that such lack of support for workers with difficulties managing employment and elder care not only increases problems for individual employees, but obscures the real costs to corporations, as evidenced by absenteeism rates, job turnovers, and employee's plans to change their work arrangements. Further, the ideological pressures on families, and especially women, to fulfill caregiving roles and the inflexibility of most work arrangements, mean that individual women, and men, will disproportionately continue to bear the costs of caring for, and abut their elderly kin.

In Chapter 8, the development and subsequent erosion of the economic infrastructure of Alberta's provincial welfare state is traced and related to the development and erosion of publicly

funded services for seniors in the province. At the same time, community and family based care of the elderly is being promoted as preferable to institutional long term care of frail older Albertans, and Alberta families are being unnecessarily reminded of their responsibilities to care for their dependents of all ages. The implications for women include increased difficulties in balancing multiple responsibilities for paid and unpaid work, and barriers to achieving opportunities for full participation in the social, economic, and political life of the province. Therefore, social policies are needed which do not place strong expectations on families (i.e. women) to care, but are supportive of caregivers, nonetheless. The nature of these alternatives were explored, and found congruent with Albertans' preferences that families not be the primary source of care for older people who can no longer function without substantial help from others. Albertans favour an increased emphasis on sharing responsibilities for caring, an emphasis which is not, however, in tune with the neo-conservative ideas holding sway in the provincial government and the market economy of Alberta.

Contributions and Directions for Future Research

A major contribution of this study has been to develop an in-depth case study of the social provision of elder care within one Canadian province which can serve as an example of what is happening in other Canadian provinces and welfare state regimes. Recognizing that Alberta shares with other regions of Canada, as well as other welfare states, concerns about meeting the needs of growing numbers of frail older people at a time when supplies of family caregivers are shrinking and states are concerned about budgetary deficits (see Chapter 1), several lessons can be learned from the Alberta experience. First of all, assumptions that "crises in caregiving" are largely due to the twin forces of population aging and married women's increased labour force participation rates are strongly refuted. While these notions have been widely accepted as truisms, this case study reveals that these social trends per se are not solely or jointly responsible for societal problems in meeting the needs of frail older people.

A second lesson is that what is construed as "caring" and "responsibility" can have very different meanings which can serve different personal and political interests and agendas. Women can be coerced to care in the name of preserving their "natural" roles as nurturers and caretakers, and families can be "made responsible" for caring by a state intent on divesting itself of responsibilities to provide a universally accessible system of long term care for older people. In brief, the case of Alberta alerts us to the ways in which ideologies can be used as a means to establish and control structural arrangements for caring which are not necessarily congruent with the needs and preferences of individuals most heavily affected by them.

Another lesson is that changes in structural arrangements for the care of frail older people are at the forefront of changes in social welfare systems, and that what happens with respect to elder care points the direction for changes which will impact on other dependent members of society. Elder care is not competing with child care for a shrinking pool for public resources. Rather they are part of the same state agenda which aims to limit public involvement in what are seen as private, familial concerns.

Further, it was learned that it is unwise to look to employers to address elder care issues in any sustained, committed, resource intensive way. Occupational welfare is no substitute for a strong social safety net which does not discriminate between those in need on the basis of employment status, occupation, industry, or union affiliation. Just as elder caregiving pervades the Alberta labour force, so do needs for assistance with caregiving arise in every sector of the formal and informal economy. A reliance on employer solutions will only lead to a patchwork of solutions, some better than others, with most employed caregivers remaining without any family-related benefits as a condition of employment.

This study necessitated the bridging of a myriad of fields of inquiry not usually considered in relation to each other. The broad range of substantive information brought to bear on issues of elder

care is a strength of this study. Previous research spanning the fields of social gerontology, the sociology of women and work, industrial relations, social policy, political economy, feminist theory, gender studies, family studies, and demography are incorporated and made relevant to the social provision of elder care in Alberta during the early 1990s. While some may say this project lacked in depth in each of these immense areas, it was nonetheless useful and necessary to draw from all of these areas in order to develop the context the study, to provide a basis for comparisons of findings with earlier related studies, and to identify situations in which observed events and findings are unique to Alberta or generalizable to other places and times.

This is a study about women and old people, two closely related social groups which are capturing greater attention in Canadian studies of the sociology of work and the political economy of welfare states. By placing women and elder care front and centre in the discussion of social policy, as does recent work by Gee and McDaniel (1993), this study encourages a closer integration of "mainstream sociology" with feminist studies of the nature and values associated with caregiving work, and studies of relationships between paid and unpaid labour as they influence the meaning of citizenship in modern capitalist democracies. As a recent report of the Senate of Canada (1993) observes, "Equal citizenship for women is impossible until workplaces and career expectations are rearranged to allow more room for family responsibilities, and until men accept their share of domestic responsibilities" (ibid.).[1]

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[1] In Canada, the concept, development and promotion of citizenship has, until recently, received inadequate attention. Yet the removal of social, economic and cultural barriers to active participation in civic life is one of the central concerns identified by the Standing Senate Committee on Social Affairs, Science and Technology (The Senate of Canada, 1993). In reviewing recent work on citizenship theory and initiatives by other nations with regard to the promotion of citizenship, the Senate Committee noted with interest that the Government of the United Kingdom included "the need to care for a dependent member of the family" as a barrier to civic participation. The Senate Committee observed that "What is of particular interest [...] is that it goes beyond the traditional list of social disadvantages to include certain issues usually considered as purely "private" matters such as caring for dependent family members. This can prove to be a particularly important barrier for women, who still carry a disproportionate share of the burden in such matters. While the legal barriers to women's public participation are now prohibited by anti-discrimination laws, the difficulty of combining family and public responsibilities remain" (The Senate of Canada: 1993: 24).

This is also a study about the contemporary world in which relationships between people are constructed and influenced by external social, economic, and political forces. Moving back and forth between data emanating from individuals to overall trends made evident by sample survey and population statistics, this project reveals how the personal and the public are interwoven, and how individual experiences are caught up in societal events which reach far beyond the intentional behaviors of individuals. This, of course, is not new, but what is rather unique is the extent to which this study has fleshed out these larger societal contexts so as to "make sense" of the frustrations and difficulties faced by individual women, and men, in caring for their frail elderly kin. Moreover, by placing the study in the context of one Canadian province in the early 1990s, a firm basis is established for future comparative studies situated in other places and times.

Notably, previous studies of the political economy of Alberta (e.g. Pratt & Richards, 1979; Mansell & Percy, 1990; Tupper, Pratt, & Urquhart, 1992) have focused on issues such as federal-provincial relations, the oil and gas industry, and relations between the Alberta government and private corporations and financial institutions with business interests in the province. Social policy, and the concerns of women and seniors in Alberta, have received relatively little attention by analysts of politics and public policy in Alberta. This study has gone some way in filling this gap in the literature, albeit that it addresses specific issues circumscribed within a rather narrow time period in Alberta's political history.

Previous employment and elder care studies have suffered from a lack of generalizability of their findings due to the unrepresentative samples used, often based in single corporations and focused on white collar employees. As Chapter 3 points out, the representative samples of the adult population of Alberta used in the 1991 and 1992 Alberta Surveys overcome these methodological limitations, and allow generalization of findings to the population from which the sample was drawn. This is the first time in Canada that population-based, representative samples have been used for this type of research.

Further, results obtained from the 1991 and 1992 Alberta Surveys have served to both refute and confirm previous findings, and have added new knowledge not previously reported in the literature.

Still, this study is not without certain gaps and shortcomings. For example, as noted in an earlier discussion (Chapter 3) of methodological limitations, the cross-sectional design of the 1991 and 1992 Alberta Surveys means that it not possible to study dynamic relationships between employment and elder care which develop over time or changes in public opinion related to elder care issues. In addition, certain factors known to influence the social provision of elder care were not addressed, such as the needs and preferences for care of elderly persons receiving help from respondents who participated in the Alberta Surveys. From the qualitative research of Aronson (1990 & 1991), it is recognized that individual women's experiences of giving and receiving care may be ascribed different meanings by those who give and receive, and that positive attitudes about caring for elderly kin do not necessarily translate into actual caregiving behaviours. More qualitative research is needed to understand the multidimensional nature of caregiving and receiving, and how the value placed on caring as a commodity for exchange relations varies over time and between generations.

Data were not obtained from other key stakeholders affected by elder care issues in the workplace, particularly employers and leaders of organized labour. In-depth interviews with individual women and men engaged in balancing multiple responsibilities for elder care, employment, and other activities would have strengthened understanding of qualitative nature of these roles and responsibilities, and how they are interrelated.

Finally, a tension between achieving the "right" balance between the breadth and depth of issues and substantive areas addressed in this study posed a constant challenge for the author. How much is enough? What is relevant, and what can be safely and appropriately addressed in a different project? This study may well be critiqued for attempting too much, and achieving too little, all in the name of retaining a focus on women, employment, and the social provision of elder care. I leave it to

my astute critics to point out where there is room for substantial improvements, and where I have dealt with the subject matter in an appropriate fashion.

Future Scenarios

What does the future hold? A number of scenarios can be envisaged. In the first, Alberta rises out of the current economic recession, and the province once again accrues massive profits from oil and gas revenues and other natural resources, eliminating the province's massive debt, and returning the Alberta Government to a state of grace with financial institutions and the public. The Alberta Government once again can "afford" a highly developed welfare state, one in which publicly funded systems of care for older people are described as "world class" and "the envy of other provinces". Albertans are united in sharing a quality of life unparalleled elsewhere in the country, and so-called "women's issues" and "seniors' issues" disappear under a veil of economic prosperity.

This is the future that Conservative politicians would have the public believe, and such illusions have been marketed to the provincial electorate ever since the bottom fell out of the oil market in 1985. But this vision seems very unrealistic given the realities of the provincial debt load and the economic policies of the current provincial government, particularly its refusal to raise provincial taxes in order to generate more revenue for social welfare programs and services. It is also highly dangerous for advancing the equality of women in the province.

The second scenario is one in which neo-conservative ideas and political agendas gain greater momentum and acceptance among Albertans, and trends toward privatization of social welfare programs and reliance on familial and individual solutions to social problems intensify. Elder care is relegated to the private domains of families, as are women, and the myth of the "good old days" when women's traditional nurturing roles defined their identities in society is promoted strongly in social policy. Men go out to work and women stay home to care for children, their parents, grandparents, and anyone else in their families and communities who need tending. There is no equality for women,

except for an equality of subordination and economic dependency. Services for seniors do not necessarily disappear, however, but merely made market conforming; distributional practices based on need, adequacy, or equality are abandoned; accessibility to programs is made more difficult (e.g. by requiring means tests), and a larger share of health and social services is turned over to businesses with benefits are calculated according to strict market criteria.

The third scenario falls somewhere between these two extremes, with a "mixed economy" of public and privately provided elder care, one in which women continue to be caught in the middle of conflicting expectations of the market and family. Both of these two intersecting spheres dominate the lives of women, with the state electing to limit its involvement in issues which are private -- both in the sense of private familial relations and the private sector of the formal economy. Women experience unending conflicts and contradictions as their "natural" caring functions for society are used to meet the needs of the state, of employers, and of their families. Support for caregivers is haphazard at best, and characterized by attempts to individualize the problems of caring for, and about, others. Collective solutions to caring seem utopian in a world of largely privatized, individualized problems and solutions. Crises in caregiving, for the most part, remain those of women, not of their own doing, but as a result of the ideological and structural barriers that form the fabric of a neo-conservative polity in the late twentieth century. This is the scenario which currently characterizes Alberta, and the one which will likely remain in place well into the next century.

These scenarios stand in stark contrast to what Boise (1991: 3) observes with respect to family care for the aged in Sweden. In her view,

> Given the high employment of women, it is difficult for policymakers or citizens to suggest that families should be more involved in caring for the elderly. There are simply no women at home. Contemporary values regarding women's roles support the division of responsibilities between public and family care. The consensus seems to be that it is not possible to go back, and that women would never accept a return to the unpaid work of family care.

In Alberta, women may also never accept a return to the unpaid work of family care. However, they will likely remain in the paid labour force with few tangible supports from the state or employers so as to reconcile their employment with family responsibilities. Still, it would be overly pessimistic to assume that human agency can play no part in reversing this pattern of arrangements. Seniors' groups concerned about the availability and quality of long term care for frail elderly people are strongly speaking in support of retaining, and expanding, existing publicly funded programs and services such as the Alberta Coordinated Home Care Program. Women in organized labour continue to fight for family-related benefits in collective agreements, and their arguments have received support from the Canadian Labour Congress which plans to release a position paper on this topic (Kumar & Coates, 1992). Individual corporations continue to experiment with more flexible work arrangements which assist some employees with family caregiving responsibilities.

There are personal and public decisions to be made and various alternatives for action, all with major implications for the social provision of elder care. This study has gone some way toward addressing these decisions and alternatives, exposing problems faced by individuals who must integrate their paid and unpaid labour, and calls for a future in which responsibilities for caring are shared more equitably between the state, the market economy, and by women and men within their families, however constituted. Clearly, the future of the social provision of elder care by family members will be directly affected by the degree to which the larger society creates an environment that supports care-giving.

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